

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-043064**

FILED VS DEC 2 1959 340

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6149 Registrar's No. 6

UNDECEASED

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Stoddard</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural (Duck Creek)</b>		Length of stay in 1b	c. CITY OR TOWN <b>Dudley</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R.F.D. #1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Ira</b> Middle <b>G.</b> Last <b>Mansfield</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>11,</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-3-1877</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Scottsville, Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>David R. Mansfield</b>		13b. MOTHER'S MAIDEN NAME <b>Arena A. Dugger</b>		14. NAME OF HUSBAND OR WIFE <b>Sallie J. Mansfield</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>492-42-1401</b>	17. INFORMANT Address <b>Mrs. Sallie J. Mansfield, Dudley,</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Nephritis, chronic, interstitial</b>					INTERVAL BETWEEN ONSET AND DEATH <b>36 mo</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>General debility of age</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>General debility of age</b>			
20c. TIME OF INJURY Hour <b>3:45</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Nov-1956</b> to <b>Nov 1959</b> and last saw her alive on <b>9 Nov 1959</b> Death occurred at <b>3:45 P. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>J L Waddell</b> (Degree or title) <b>M. D.</b>			22b. ADDRESS <b>Dexter, Missouri</b>		22c. DATE SIGNED <b>19 Nov 59</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-14-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dexter</b>		23d. LOCATION (City, town, or county) (State) <b>Dexter, Missouri</b>	
24. FUNERAL DIRECTOR <b>Strickland-Rainey</b> ADDRESS <b>Dexter, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-23-59</b>	26. REGISTRAR'S SIGNATURE <b>Wm V. Jenkins</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Luella Hanson

Licensed Embalmer No. 4983

P. O. Address Neptos, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.