

FEDERAL BUREAU OF INVESTIGATION  
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010180

FILED VS APR 4 1960 53

Registration District No. Primary Registration District No. 3010 Registrar's No. 137

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>CAPE GIRARDEAU</b>		Length of stay in lb <b>2 WEEKS</b>		c. CITY OR TOWN <b>ORAN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>SOUTHEAST MISSOURI HOSPITAL</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>ORAN</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>ETHEL MAY MANSELL</b>				4. DATE OF DEATH Month Day Year <b>MARCH 24 1960</b>			
5. SEX <b>FEMALE</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>9/1/1907</b>	9. AGE (last birthday) <b>52</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and state or country) <b>POPE COUNTY, ILL.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>GEORGE L. GRIFFITH</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH McSPAREN</b>		14. NAME OF HUSBAND OR WIFE <b>MILLARD MANSELL</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>545-76-3504</b>		17. INFORMANT <b>MILLARD MANSELL ORAN, MO.</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>Malignant melanoma</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 yr</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)						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 checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>ORAN</b>		COUNTY STATE	
21. I attended the deceased from <b>1955</b> to <b>3/24/60</b> and last saw her <sup>him</sup> alive on <b>3/24/60</b> Death occurred at <b>1:30 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>H. R. Adams m.d.</b>				22b. ADDRESS <b>Cape Girardeau Mo</b>		22c. DATE SIGNED <b>3/28/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>MAR 27, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>FRIEND CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>ORAN, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>Paul Smith</b> ADDRESS <b>ORAN, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>3-30-60</b>		26. REGISTRAR'S SIGNATURE <b>Gene Kasten</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 8 1960

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

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Earl J. Smith*

Licensed Embalmer No. 3676

P. O. Address Oran, TX

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.