

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hayti		c. CITY OR TOWN Caruthersville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot Mem. Hospital		d. STREET ADDRESS 710 Laurant Ave.	

3. NAME OF DECEASED (Type or print) First Ivy Middle Glephus Last Manley			4. DATE OF DEATH Month March Day 26 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/28/90	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Car Salesman		10b. KIND OF BUSINESS OR INDUSTRY Farmer - Car Sales		11. BIRTHPLACE (City and state or country) Lexington, Tenn.	
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME Jack Manley		

13b. MOTHER'S MAIDEN NAME Jehnnie Douglas		14. NAME OF HUSBAND OR WIFE Vannie P. Manley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499 32 7899	
17. INFORMANT Vannie P. Manley		Address 710 Laurant Caruthersville Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (b), (c), and (d).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 8 days years
DUE TO (b) Diabetes Mellitus of Arteriosclerosis		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Appendectomy - 2 weeks prior to death		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 COUNTY STATE	

21. I attended the deceased from **March 12, 1960** to **March 26, 60** and last saw ^{her}him alive on **March 26, 1960**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. R. McCoy, M.D.		22b. ADDRESS Caruthersville Mo.		22c. DATE SIGNED 3/29/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mar. 28, 1960	23c. NAME OF CEMETERY OR CREMATORY Independence Cemetery Independence, Tennessee		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR H.S. Smith Funeral Home - C'ville Mo.		25. DATE RECD. BY LOCAL REG. 3-26-60	26. REGISTRAR'S SIGNATURE L. Kenda Adams	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

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 W. Denver Pike

Licensed Embalmer No. 4484
P. O. Address Canthens

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.