

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 10 1960

=60-014137

DED

Registration District No. 16 Primary Registration District No. 5076 Registrar's No. 4

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Barton											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHLAND Golden City Twp.		Length of stay in lb 8 hours		c. CITY OR TOWN Golden City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 1/2 mi. SW of Golden City			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4 1/2 mi. NW Golden City		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First ALVA Middle MANSFIELD Last MANSFIELD				4. DATE OF DEATH Month May Day 1 Year 1960											
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/19/1895		9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer				10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Hermitage, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A							
13a. FATHER'S NAME Eber Mansfield				13b. MOTHER'S MAIDEN NAME Minerva Doyle				14. NAME OF HUSBAND OR WIFE none							
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. 499-14-6518		17. INFORMANT Miss Maude Mansfield				Address Lockwood, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Coronary Insufficiency DUE TO (c) arteriosclerosis										INTERVAL BETWEEN ONSET AND DEATH hours years years					
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				COUNTY		STATE	
21. I attended the deceased from 5-22-57 to 5-1-60 and last saw ^{her} him live on 2-16-60 Death occurred at 5⁰⁰ A m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) Emeru Taylor D.						22b. ADDRESS Lockwood, Mo				22c. DATE SIGNED 5/3/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/3/1960		23c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery				23d. LOCATION (City, town, or county) (State) Dade County, Missouri							
24. FUNERAL DIRECTOR Phillips Funeral Home Golden City				ADDRESS		25. DATE RECD. BY LOCAL REG. May 3, 1960		26. REGISTRAR'S SIGNATURE Hazel St. Pugh							

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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4951
P. O. Address Golden City,

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.