

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030351

FILED VS SEP 14 1960/39

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY HOLT				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOLT				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOUND CITY		Length of stay in 1b 2 YRS.		c. CITY OR TOWN MOUND CITY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF DECEASED (NOT in hospital, give location) HOSPITAL OR INSTITUTION DUNCANNUR. HOME			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6 MI NORTH		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle WILLIAM Last MANN				4. DATE OF DEATH Month SEPT. Day 3, Year 1960				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/5/1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) HOLT COUNTY MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GRANVILLE P. MANN			13b. MOTHER'S MAIDEN NAME ANN HARRIS		13c. NAME OF HUSBAND OR WIFE MAUDE MANN			
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. 498-40-7005		17. INFORMANT Address Clyde Kunkel Mound City, 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) Cerebral hemorrhage DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 3 days 10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured right hip					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 August 1/60 to Sept 3/60 and last saw him alive on Sept 3/60 Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE J. B. ... (Degree or title)				22b. ADDRESS Mound City Mo		22c. DATE SIGNED 9/6/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-6-1960	23c. NAME OF CEMETERY OR CREMATORY NEW LIBERTY		23d. LOCATION (City, town, or county) (State) HOLT COUNTY, MO.				
24. FUNERAL DIRECTOR James Crawford, Mound City, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 9-6-1960		26. REGISTRAR'S SIGNATURE James Crawford			

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 James H. Bradford
Licensed Embalmer No. 4796

P. O. Address Mound C

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.