

INDEXED

1. PLACE OF DEATH
 a. COUNTY **Pemiscot**
 b. CITY (If outside corporate limits, give TOWNSHIP only) **Hayti** Length of stay in 1b **27 Yrs.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **304 E. Jackson** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Pemiscot**
 c. CITY OR TOWN **Hayti** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **304 E. Jackson** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Thomas** Middle **Pinkley** Last **Mannon**
 4. DATE OF DEATH Month **November** Day **26** Year **1960**
 5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **Sep 3, '65** 9. AGE (last birthday) **95** 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) **Farmen-Retired**
 10b. KIND OF BUSINESS OR INDUSTRY **Farming**
 11. BIRTHPLACE (City and state or country) **Hardeman County, Tennessee**
 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **Samuel Mannon** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Margaret Hensley Mannon**
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **X**
 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Hardy Mannon-408 So. 13th. St. Mo.** Address **Poplar Bluff**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Hypostatic pneumonia** INTERVAL BETWEEN ONSET AND DEATH **3 days**
 DUE TO (b) **Cardiomegaly - Hypertensive** **4 yrs.**
 DUE TO (c) **Senescence**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. **Senescence**

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour **2:45** a.m. p.m. Month, Day, Year **11-26-60**
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION **Hayti** COUNTY **Missouri** STATE

21. I attended the deceased from **11-20-60** to **11-26-60** and last saw him **live** on **11-26-60**
 Death occurred at **2:45 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Obdiney W. D.** (Degree or title) 22b. ADDRESS **Hayti Mo.** 22c. DATE SIGNED **11-22-60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Nov. 27, 1960** 23c. NAME OF CEMETERY OR CREMATORY **E. Woodlawn Cemetery** 23d. LOCATION (City, town, or county) **Hayti Missouri** (State)

24. FUNERAL DIRECTOR **H.S. Smith Funeral Home-C'ville. Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **12-5-60** 26. REGISTRAR'S SIGNATURE **Charlotte E. Sloan**

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 W. Dewey Fike

Licensed Embalmer No. 4484

P. O. Address Caruthersville

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.