

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-048436

LED VS DEC 3 0 1960

STATE FILE NUMBER

Registration District No. 332 Primary Registration District No. 3074 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sikeston</u>		Length of stay in 1b <u>4 Months</u>		c. CITY OR TOWN <u>Sikeston, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>426 E. Kathleen St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Jean</u> Last <u>Manker</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>15</u> Year <u>1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8/8/1960</u>	9. AGE (last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>4</u> Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>			10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (City and state or country) <u>Cairo, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Paul Manker</u>			13b. MOTHER'S MAIDEN NAME <u>Shirley Wovels</u>			14. NAME OF HUSBAND OR WIFE - - - - -		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. - - - - -		17. INFORMANT Address <u>Paul Manker Sikeston, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>aseptic meningitis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hydrocephalus & meningococci</u>							4 months	
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 checked="" 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 <u>Dec 9, 1960</u> to <u>Dec 15, 1960</u> and last saw her <u>alive</u> on <u>Dec 9, 1960</u> Death occurred at <u>7:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>Charleston Mo</u>			22c. DATE SIGNED <u>12-16-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 16, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>			23d. LOCATION (City, town, or county) <u>Villa Ridge, Illinois</u>		(State)	
24. FUNERAL DIRECTOR <u>Mc: Mickle Charleston, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>12-19-60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

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 BRUCE R. AUSTIN, Student Embalmer No. 61

working under my personal supervision.

Student Bruce R. Austin
Signature of Student Embalmer

Signed Edwin M. Mittle

Licensed Embalmer No. 4695

P. O. Address Chubbuck

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.