MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Drs. Glenn & Purcell

-61-000991
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 130

AMENDED

FILED VS FEB 14 1961

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Length of stay in 1b: 6 MO.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 314 E. CENTRAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 314 E. CENTRAL — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ROBERT Middle BAILEY Last McMANUS
4. DATE OF DEATH: Month FEB. Day 3 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 10/31/99
9. AGE (last birthday): 61 — 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): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: PAINTER
11. BIRTHPLACE (City and state or country): FORSYTH, MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: ROBERT B. McMANUS
13b. MOTHER'S MAIDEN NAME: CALDONA ETHRIDGE
14. NAME OF HUSBAND OR WIFE: LOUISE McMANUS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: LOUISE McMANUS, Address: SPRINGFIELD, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: few min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 15 mo.
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 a.m. p.m. Month, Day, Year
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 COUNTY STATE

21. I attended the deceased from March 24, 1960 to Feb 3, 1961 and last saw him alive on Jan 17, 1961
Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. B. [illegible] (Degree or title) MD
22b. ADDRESS Professional Bldg. Springfield Mo
22c. DATE SIGNED 2/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2/7/61
23c. NAME OF CEMETERY OR CREMATORY: SNAPP CEMETERY
23d. LOCATION (City, town, or county) (State): NEAR FORSYTH, MO.

24. FUNERAL DIRECTOR: H.H. LUHMEYER FUNERAL HOME — ADDRESS: SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG.: 2-7-61
26. REGISTRAR'S SIGNATURE: Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FEB 15 1961

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 H L McCann

Licensed Embalmer No. 2727

P. O. Address Springfield Mass

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.