ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-008113
STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 85

FILED MAR 29 1961

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Length of stay in 1b 2 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Osage
c. CITY OR TOWN Linn — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Paul Middle — Last Mantle

4. DATE OF DEATH Month March Day 25 Year 1961

5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/4/1896
9. AGE (last birthday) 64 — IF UNDER 1 YEAR Months 11 Days 21 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (City and state or country) Linn Mo
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Mantle
13b. MOTHER'S MAIDEN NAME Francis Curley
14. NAME OF HUSBAND OR WIFE Alma Laughlin, Mantle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW#1
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Paul Mantle — Address Linn 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) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) thrombo Phlebitis rt lower extremity — 10 days
DUE TO (c) ASHD with infarction of myocardium — 4 wks
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 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 2.16.1955, to 3/25/61 and last saw ~~her~~ him alive on 3/24/61
Death occurred at 1:05 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John J. Mathews MD
22b. ADDRESS 302 Bolivar
22c. DATE SIGNED 3/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/28/61
23c. NAME OF CEMETERY OR CREMATORY Linn Memorial Park
23d. LOCATION (City, town, or county) Linn Mo (State)

24. FUNERAL DIRECTOR Clyde Morton — ADDRESS Linn Mo
25. DATE RECD. BY LOCAL REG. 3/29/61
26. REGISTRAR'S SIGNATURE Hansardwicke M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

APR 7 1961

MAR 31 1961

AUG 25 1961

APR 3 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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn Mo

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.