

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033801
STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 207

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH **SEP 28 1961**

a. COUNTY **Phelps**

b. CITY (If outside corporate limits, give TOWNSHIP only) **Rolla** Length of stay in lb **6 Months**

c. FULL NAME OF (If NOT in hospital, give location) **McFarland Nursing Home** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Phelps**

c. CITY OR TOWN **Edgar Springs** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **Rural** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **LOBELIA** Middle **..** Last **MANSFIELD**

4. DATE OF DEATH **Sept. 17, 1961** Month **Sept.** Day **17** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **10-16-70** 9. AGE (last birthday) **90** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

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

13a. FATHER'S NAME **Allen Barnett** 13b. MOTHER'S MAIDEN NAME **Mary Dabbs** 14. NAME OF HUSBAND OR WIFE **William G. Mansfield**

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. **xx** 17. INFORMANT **Leonard Mansfield, Edgar Springs** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **coronary sclerosis - occlusion** DUE TO (b) **gradual** DUE TO (c) **over years**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **senile arteriosclerosis**

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 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 **3-29-61** to **9-17-61** and last saw her/him alive on **9-15-61**. Death occurred at **8:25PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **E.E. Faid m.d.** 22b. ADDRESS **Rolla mo.** 22c. DATE SIGNED **9-20-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **9-19-61** 23c. NAME OF CEMETERY OR CREMATORY **Hutchinson Cemetery** 23d. LOCATION (City, town, or county) (State) **Sherrill, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Null & Son Funeral Home...Rolla** 25. DATE RECD. BY LOCAL REG. **Sept. 18, 1961** 26. REGISTRAR'S SIGNATURE **Nadene L. Stoll**

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 Paul E. Hull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.