

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037857
STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 53

AMENDED

FILED NOV 1 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEWTON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STELLA		Length of stay in 1b		c. CITY OR TOWN GRANBY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CARDWELL MEMORIAL HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ROUTE # 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JAMES Middle CLAUDE Last MANN				4. DATE OF DEATH Month OCTOBER Day 2 Year 1961					
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-1-1961		9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY INFANT		11. BIRTHPLACE (City and state or country) STELLA, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JAMES D. MANN			13b. MOTHER'S MAIDEN NAME VIOLET L. ROSELLE			14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go on or unknown) (If yes, give year or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address JAMES D. MANN, R.#2, GRANBY, MISSOURI				
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis of Left Lung							INTERVAL BETWEEN ONSET AND DEATH 48 hrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Aspiration									
DUE TO (c) Prematurity									
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 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>10-1-61</u> to <u>10-2-61</u> and last saw her/him alive on <u>10-2-61</u> Death occurred at <u>5:40 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Paul C. Mueselmann</i>				22b. ADDRESS <i>Stella Mo</i>				22c. DATE SIGNED 10-9-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-4-1961		23c. NAME OF CEMETERY OR CREMATORY HAZEL GREEN CEMETERY		23d. LOCATION (City, town, or county) (State) BOULDER CITY, MISSOURI			
24. FUNERAL DIRECTOR ADDRESS THOMPSON FUNERAL HOME, NEOSHO, MISSOURI				25. DATE RECD. BY LOCAL REG. 10-13-61		26. REGISTRAR'S SIGNATURE <i>Melba Moberly</i>			

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 Jimmy C. Jobe

Licensed Embalmer No. 5140

P. O. Address Greenville, 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.