

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038130

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 301 Primary Registration District No. \_\_\_\_\_ Registrar's No. 65

FILED OCT 23 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>RIPLEY.</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DONIPHAN.</u>		c. CITY OR TOWN <u>DONIPHAN.</u>		d. STREET ADDRESS (If outside, give location) <u>5 Mi. E. OF DONIPHAN.</u>	
Length of stay in lb <u>5 HOURS.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>ROBERT</u>		Middle <u>MANNING.</u>		Last <u>MANNING.</u>		Month <u>SEPT.</u> Day <u>30,</u> Year <u>1961.</u>	
5. SEX <u>MALE.</u>	6. COLOR OR RACE <u>WHITE.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 27, 1864</u>	9. AGE (last birthday) <u>96.</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE.</u>		11. BIRTHPLACE (City and state or country) <u>HICKMAN, TENN.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ROBERT MANNING.</u>			13b. MOTHER'S MAIDEN NAME <u>DELLIA LEADFORD.</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE MANNING.</u>		
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 <u>Mary Meals, Doniphan, Mo.</u> Address <u>RT. # 2.</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>Pneumonia, Bronchial.</u>		DUE TO (b) <u>Carcinoma of Prostate Gland.</u>		DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 days.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						3 yr.	
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 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>Jan. 1, 1961.</u> to <u>Sept 30, 1961.</u> and last saw him alive on <u>9/10/61.</u> Death occurred at <u>4:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Thomas R. Burcham, Jr., M.D.</u>				22b. ADDRESS <u>Doniphan, Mo.</u>		22c. DATE SIGNED <u>10/11/61.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	23b. DATE <u>Oct. 3, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery.</u>		23d. LOCATION (City, town, or county) <u>Ripley County, Missouri.</u>		(State)	
24. FUNERAL DIRECTOR <u>Ray Means, Doniphan, Mo.</u> ADDRESS _____			25. DATE RECD. BY LOCAL REG. <u>10-18-61</u>		26. REGISTRAR'S SIGNATURE <u>Flava Braz.</u>		

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

FEB 15 1962

**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 Gene A. Parment

Licensed Embalmer No. 4809

P. O. Address Taylor, N

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.