

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-039815

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 215

FILED NOV 6 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Scott	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston	a. STATE Missouri	b. COUNTY Scott
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		c. CITY OR TOWN Sikeston	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Route # 1	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First AUDIE	Middle LEE	Last MANLEY	4. DATE OF DEATH	Month Oct.	Day 24	Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-15-1900	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months 11 Days 9	IF UNDER 24 HR Hours 9 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Maryland, Kentucky	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Jesse Manley	13b. MOTHER'S MAIDEN NAME H arriett Burklow	14. NAME OF HUSBAND OR WIFE Bernice Mott Manley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	17. INFORMANT Bernice Manley	Address Rt. 1 Sikeston
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis	INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 10-22-61 to 10-24-61 and last saw him alive on 10-24-61
Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Edw. L. Larn</i>	(Degree or title) Ed.	22b. ADDRESS Morehouse, Mo.	22c. DATE SIGNED 10-27-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-26-1961	23c. NAME OF CEMETERY OR CREMATORY New Morley Cemetery	23d. LOCATION (City, town, or county) (State) Morley Scott Missouri
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24. FUNERAL DIRECTOR <i>Gene Hummel</i>	ADDRESS Sikeston Mo.	25. DATE RECD. BY LOCAL REG. Oct-28-1961	26. REGISTRAR'S SIGNATURE <i>Jeanette Waldman</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 6 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 Edward E. Fennell

Licensed Embalmer No. 4164

P. O. Address Liberty, 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.