

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041540

STATE FILE NUMBER

Registration District No. 165 Primary Registration District No. 5602 Registrar's No. 7

FILED DEC 11 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Johnson</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chilhowee</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Johnson</u>
Length of stay in 1b <u>14 years</u>		c. CITY OR TOWN <u>Chilhowee</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First <u>Junnie</u> Middle <u>Franklin</u> Last <u>Mansfield</u>	Month <u>Dec.</u> Day <u>6</u> Year <u>1961</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/11/1877</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY <u>Canada</u>
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13a. FATHER'S NAME <u>Granville Mansfield</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hanes</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Mansfield</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Nancy Mansfield, Chilhowee, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE (a) <u>Inanition and Debilitation</u>	<u>Unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	"
DUE TO (b) <u>Carcinomatosis</u>	"
DUE TO (c) <u>Primary Carcinoma of Prostate Gland</u>	"

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"/> N: <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 Jan. 1, 1961 to Dec. 6, 1961 and last saw her Dec. 6, 1961 alive on Dec. 6, 1961
Death occurred at 4:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>R. N. Clarke, D.O.</u>	22b. ADDRESS <u>Chilhowee, Missouri</u>	22c. DATE SIGNED <u>12-7-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/8/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Holder, Missouri</u>
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24. FUNERAL DIRECTOR <u>Cook Funeral Home, Chilhowee, Mo.</u>	25. DATE REC'D BY LOCAL REG. <u>12/7/61</u>	26. REGISTRAR'S SIGNATURE <u>Jacobs</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

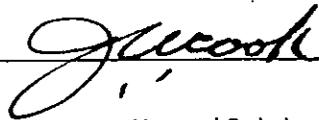
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 4385

P. O. Address Chilhowe, 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.