

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001022

STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 5432 Registrar's No. 3

FILED JAN 30 1962

1. PLACE OF DEATH a. COUNTY FRANKLIN b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN LESLIE - RFD. Length of stay in 1b c. CITY OR TOWN LESLIE - RFD. Inside Limits Yes No d. STREET ADDRESS (if outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last MARY C. MANHART 4. DATE OF DEATH Month 1 Day 27 Year 1962 5. SEX F 6. COLOR OR RACE w 7. Married Widowed Never Married Divorced 8. DATE OF BIRTH SEP 16, 1869 9. AGE (last birthday) 92

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) SULLIVAN, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A. 13a. FATHER'S NAME ANTONIE HUEGLER 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. NO 17. INFORMANT JOSEPHINE - C. MANHART Address LESLIE, MO RFD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive Failure (b) Coronary Arteriosclerosis (c) DUE TO (a) (b) (c) INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephrosclerosis + Renal Failure. 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 1956 - to 1/27/62 and last saw her/him alive on 1/5/62. Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Signature of title) James A Shea MD 22b. ADDRESS Gerald MO 22c. DATE SIGNED 1/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE JAN. 29, 1962 23c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH CATH. CEM. 23d. LOCATION (City, town, or county) NEETER, MO. (State)

24. FUNERAL DIRECTOR ADDRESS Harold W. Holderioth BEAUFORT, MO. 25. DATE RECD. BY LOCAL REG. January 27, 1962 26. REGISTRAR'S SIGNATURE William Cowan (Licensed Embalmer's Statement on Reverse Side)

AMENDED DATE AMENDED AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION SHOULD READ BY AFFIDAVIT OF ITEM NO.

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 E H Jimmie, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E H Jimmie

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.