

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001205

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 201

AMENDED

FILED FEB 15 1962

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ohio</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b <u>1 1/2 hrs.</u>	c. CITY OR TOWN <u>Toledo</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2108 Columat</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Alberta Marie Manoh</u>			4. DATE OF DEATH Month Day Year <u>February 2, 1962</u>
5. SEX <u>Female</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>9-31-1921</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dental Tech.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentistry</u>	9. AGE (last birthday) <u>41</u>
11. BIRTHPLACE (City and state or country) <u>Cleveland, Ohio</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. P.</u>	
13a. FATHER'S NAME <u>Albert Beilstein</u>		13b. MOTHER'S MAIDEN NAME <u>Goddie (UNKNOWN)</u>	14. NAME OF HUSBAND OR WIFE <u>George Manoh</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>George Manoh - Toledo, Ohio</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>Respiratory paralysis - Shock</u> DUE TO (b) <u>Brain trauma - Chest trauma</u> DUE TO (c) <u>Car accident</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Two car accident</u>
20c. TIME OF INJURY Hour a.m. <u>10:45</u> Month, Day, Year <u>2-26-62</u>		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.) <u>Junction of Highway 60 and 166</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Republic Greene Mo.</u>	
21. I attended the deceased from <u>11:30 A.M.</u> to <u>1 P.M.</u> and last saw her alive on <u>1 P.M.</u> Death occurred at <u>2 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>G. C. Ferrell M.D.</u>		22b. ADDRESS <u>Springfield Mo</u>	22c. DATE SIGNED <u>2-12-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-4-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Toledo Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Toledo, Ohio</u>
24. FUNERAL DIRECTOR ADDRESS <u>W. B. Cantrell Republic, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-14-62</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>

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

FEB 27 1962

FEB 20 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 William D. Cantel

Licensed Embalmer No. 8820

P. O. Address Republic, 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.