MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-006102
STATE FILE NUMBER

AMENDED

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 8

FILED MAR 6 1962

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sullivan, Mo. — Length of stay in 1b: 30 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 64 E. Euclid — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Sullivan, Missouri — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 64 E. Euclid — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Ollie Middle: Manion Last:

4. DATE OF DEATH Month: Feb. Day: 27 Year: 62

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: June 11, 1870
9. AGE (last birthday): 91 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Unknown
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: W. Ulysses Manion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Dorothy Lee Farmer Address: New Orleans, La.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Intestinal obstruction — 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) gastric carcinoma - location undetermined — 6 months
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. ☐ 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 a.m. p.m. 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 May 1947, to Feb 27th, 1962 and last saw her/him alive on 2/27/62
Death occurred at 4:45 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ronald R Scott (Degree or title) MD
22b. ADDRESS Sullivan Mo
22c. DATE SIGNED 2/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/28/62
23c. NAME OF CEMETERY OR CREMATORY: Valhalla
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Memorial Funeral Home ADDRESS
25. DATE RECD. BY LOCAL REG.: Feb. 28, 1962
26. REGISTRAR'S SIGNATURE: William Cowan

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MAR 22 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 R. M. Lenot

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.