MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-010434
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 36

FILED APR 3 1962

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bogle Township — Length of stay in 1b: lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: N.E. of Gentry — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First FRANCES Middle PEARL Last MANION
4. DATE OF DEATH: Month March Day 21 Year 1962
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept. 14 '73
9. AGE (last birthday): 88 — 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): at home
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Fayette Co., Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Joseph Hammel
13b. MOTHER'S MAIDEN NAME: Ellen Pruett
14. NAME OF HUSBAND OR WIFE: W.J. 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: Mr. W.E. Manion Address: Gentry, Mo.

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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Hydrostatinc pneumonia & Senility
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 1. March, 62 to March 21, 1962 and last saw her alive on March 21, 1962
Death occurred at 7:40 P.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Dr. [illegible] (Degree or title) D.O.
22b. ADDRESS: Albany, Mo.
22c. DATE SIGNED: 3/24/62
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: March 24, 1962
23c. NAME OF CEMETERY OR CREMATORY: Knox
23d. LOCATION (City, town, or county) (State): Gentry Co., Missouri
24. FUNERAL DIRECTOR: Brooks-Cochell Funeral Home ADDRESS: Albany, Mo.
25. DATE RECD. BY LOCAL REG.: 3-25-62
26. REGISTRAR'S SIGNATURE: Mrs. L. W. Barg

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
VS 300			
1	0380		
2	0380		
3			
4	1		
5	2		
6			
7	1		
8	2		
9	331X		
10			
11			
12	90-2		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 me, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Donald E. Cockell

Signature of Student Embalmer

Licensed Embalmer No. 4868

P. O. Address Albany, 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.