

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015064

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

FILED APR 30 1962

63

VS 300
Rev. 4/59

10470

20470

3

4 0

5 2

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8 2

9 4200

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11

12 86-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Iron	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kaolin	a. STATE Missouri	b. COUNTY Iron
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Belleview Nursing Home		c. CITY OR TOWN Annapolis	d. STREET ADDRESS (If outside, give location) general delivery
3. NAME OF DECEASED (Type or print) ROBERT THEADORE MANN		4. DATE OF DEATH Apr. 19 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 26 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) saw mill operator		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 86
13a. FATHER'S NAME John Arnold Mann		13b. MOTHER'S MAIDEN NAME Sarah Jane Seal	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Ruby Funk, Annapolis Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary occlusion			immediate
DUE TO (b) _____			
DUE TO (c) Arteriosclerotic heart disease			4 years
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"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
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 _____
21. I attended the deceased from 11-16-59 to 4-19-62 and last saw ^{him} him alive on 3-22-62 Death occurred at 4.45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Marion C. Mervin MD</i>		22b. ADDRESS Ironton, Missouri	22c. DATE SIGNED April 20 1962
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-22-62	23c. NAME OF CEMETERY OR CREMATORY Annapolis Cemetery	23d. LOCATION (City, town, or county) Annapolis Mo.
24. FUNERAL DIRECTOR White Funeral Home, Ironton, Mo. <i>Anastj White</i>		25. DATE RECD. BY LOCAL REG. April 25 - 1962	26. REGISTRAR'S SIGNATURE <i>Mrs. Elizabeth Logan</i>

USE BLACK INK OR TYPEWRITER RIBBON

MAY 4 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 *J. A. White*

Licensed Embalmer No. 4295

P. O. Address Dorchester Mass

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.