

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024212
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 73
FILED JUL 5 1962

VS 300 Rev. 4/59
10950
28170
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4 0
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9420.1
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1290-0
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DATE AMENDED
2
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Louisiana COUNTY Caddo Par.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Mo		Length of stay in 1b 2 Months	c. CITY OR TOWN Shreveport Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Richland Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rolla Middle Wells Last Manes		4. DATE OF DEATH Month June Day 26 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single	8. DATE OF BIRTH 12-19-1902
9. AGE (last birthday) 59		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) Shoe Salesman		10b. KIND OF BUSINESS OR INDUSTRY Sales	11. BIRTHPLACE (City and state or country) Richland Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John T. Manes	
13b. MOTHER'S MAIDEN NAME Myra Burke		14. NAME OF HUSBAND OR WIFE None	
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. _____	
17. INFORMANT Mrs Ray Nickles		Address Richland, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.
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 _____ s.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 Richland	COUNTY Pulaski STATE Missouri
21. I attended the deceased from never to _____ and last saw him alive on _____ Death occurred at 6:45A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Loran M. Ward (Degree or title) MD		22b. ADDRESS Richland, Missouri	22c. DATE SIGNED 6/26/1962
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/28/1962	23c. NAME OF CEMETERY OR CREMATORY Manes Cemetery	23d. LOCATION (City, town, or county) (State) Richland Pulaski Missouri
24. FUNERAL DIRECTOR Moss Williams ADDRESS Richland, Missouri		25. DATE RECD. BY LOCAL REG. 6-28-62	26. REGISTRAR'S SIGNATURE Clara M. Anderson

USE BLACK INK OR TYPEWRITER RIBBON

JUL 6 1962

AUG 1 1962

Mount Afton id 6-28-62 WC

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 Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville 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.