

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041372

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 192

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED OCT 30 1962**

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |   |
| a. COUNTY <u>Vernon</u>  |   | a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>  |   | Length of stay in lb <u>20 years</u>   | c. CITY OR TOWN <u>Nevada</u>   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>727 So. Cedar</u>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>727 So. Cedar</u>                        |
| 3. NAME OF DECEASED (Type or print)  |   | 4. DATE OF DEATH   |   |
| First <u>Alva</u> Middle <u>Manley</u> Last <u>Manley</u>  |   | Month <u>October</u> Day <u>24</u> Year <u>1962</u>  |   |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7/4/1892</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>                        |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (last birthday) <u>69</u>  |
| 13a. FATHER'S NAME <u>Flavis J Manley</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Sarah Brimm</u>   | 11. BIRTHPLACE (City and state or country) <u>Montevillo, Missouri</u>                    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>                       |   | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>   |   |
| 17. INFORMANT <u>Frances Austin Nevada, Missouri</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>Etta Pyle Manley</u>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:   |   |  | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) <u>Acute Coronary Infarction</u>   |   |  | <u>Sudden death</u>   |
| DUE TO (b) <u>Cardio-renal disease</u>   |   |  | <u>1 yr.</u>  |
| 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.                   |
|  |   |  | <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 <u>Sept. 1950</u> to <u>Oct. 24, 1962</u> and last saw him alive on <u>Oct. 22, 1962</u>                |   |  |   |
| Death occurred at <u>Nevada, Mo.</u> <u>4:00 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE <u>[Signature]</u> (Degree of title)  |   | 22b. ADDRESS <u>Moore Bldg., Nevada, Missouri</u>  | 22c. DATE SIGNED <u>10/24/'62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>10/27/62</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>   | 23d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>                     |
| 24. FUNERAL DIRECTOR <u>Eichinger-Milster Funeral Home</u> ADDRESS <u>Nevada, Missouri</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>10-26-1962</u>   | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u>  |

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

OCT 31 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

*Sercy F. Milster*

Licensed Embalmer No.

4805

P.O. Address

Nebraska, 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.