

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046264

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 5291 Registrar's No. 152

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

160-0-0  
28150

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4 0  
5 2  
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94500

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

<b>FILED DEC 18 1962</b>		1. <b>PLACE OF DEATH</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>CLAY</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LIBERTY</u>		a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>IOOF HOSPITAL</u>		Length of stay in 1b <u>21 months</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. <b>NAME OF DECEASED</b> (Type or print) First <u>HENRY</u> Middle <u>J.</u> Last <u>MANN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3011 N. 21st.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
4. <b>DATE OF DEATH</b> Month <u>December</u> Day <u>2</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>4-29-79</u>		9. AGE (last birthday) <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boiler maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bd. Public Works Clinton, Missouri</u>		11. BIRTHPLACE (City and state or country) <u>Clinton, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Valentine Mann</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown</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>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Eva Bailey, 3011 N. 21st, K. C., Kans.</u>		18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis 2-3 years</u> 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	
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 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>17-07</u> to <u>12-30</u> and last saw her alive on <u>Dec 1 62</u> Death occurred at <u>12A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Wm H Gadsden MD</u> (Degree or title)		22b. ADDRESS <u>Liberty Mo</u>	
22c. DATE SIGNED <u>12/8/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12-4-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		23d. LOCATION (City, town, or county) <u>Kansas City, Wy.Co., Kansas</u>		(State)	
24. FUNERAL DIRECTOR <u>Pasley Funeral Home, Liberty, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-15-62</u>	
26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u>					

USE BLACK INK OR TYPEWRITER RIBBON

JAN 9 1963

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**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 John Parley

Licensed Embalmer No. 4308

P. O. Address Liberty, 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.