

MAR 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8160**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4213** Registrar's No. **79**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montrose Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montrose Mo	
c. LENGTH OF STAY (in this place) 52 yr		d. STREET ADDRESS (If rural, give location) 0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION home			

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) ALBERT c. (Last) MANNEN			4. DATE OF DEATH (Month) (Day) (Year) Mar 20 - 52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Feb 12 1891	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 1 Days 8 IF UNDER 2 Wks. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Albina Kans		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Andrew Mannen	13b. MOTHER'S MAIDEN NAME Anne Bundy	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME W. E. Baggerly	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laryngeal Carcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 161X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 31, 1951** to **Mar 19, 1952**, that I last saw the deceased alive on **Mar 20, 1952**, and that death occurred at **7 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. E. Baggerly M.D.	(Degree or title)	23b. ADDRESS Montrose Mo	23c. DATE SIGNED 3-21-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Mar 23-52	24c. NAME OF CEMETERY OR CREMATORY Montrose Cem	24d. LOCATION (City, town, or county) (State) Montrose Mo
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DATE REC'D BY LOCAL REG. Mar-24-52	REGISTRAR'S SIGNATURE Florence Adair	422	25. FUNERAL DIRECTOR'S SIGNATURE Oscar Eckly	ADDRESS Appleton City, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Oscar Eckloff

Licensed Embalmer No. *3942*

P. O. Address *Appleton City, 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 this body is not embalmed, fact should be so stated above.