

STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1953

State File No.

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 11

1472

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write "RURAL" and give township) OR TOWN <u>Clinton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton, 1950, 2</u> | |
| c. LENGTH OF STAY (In this place) <u>16 HRS</u> | | d. STREET ADDRESS (If rural, give location) <u>047</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLINTON GENERAL HOSPITAL</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>CHESTER</u> b. (Middle) <u>EARL</u> c. (Last) <u>MANTONYA</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3 1953</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug. 24, 1894</u> |
| 9. AGE (In years last birthday) <u>58</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILL OPERATOR</u> | 11. BIRTH PLACE (State or foreign country) <u>Henry Co. Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 10a. USUAL OCCUPATION | 10b. KIND OF BUSINESS OR INDUSTRY <u>GRAIN ELEVATOR</u> | | |
| 13a. FATHER'S NAME <u>James M. Mantonya</u> | | 13b. MOTHER'S MARDEN NAME <u>Mary Jane Lee</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Willie Mcnealy Mantonya</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>500-10-7075</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Earl Mantonya</u> | | ADDRESS <u>1742 Clinton, Mo</u> | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GUNSHOT WOUND SPLEEN, COLON</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>18 HR.</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9190</u> <u>19</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION: <u>142</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u> | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>LEESVILLE TOWNSHIP - HENRY MO.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 3 1953 7 A.M.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>ACCIDENTAL WHILE CLIMBING FENCE</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 3</u> , 1953, to <u>Jan 4</u> , 1953, that I last saw the deceased alive on <u>Jan 4</u> , 1953, and that death occurred at <u>1 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD.</u> | | 23b. ADDRESS <u>Clinton, Mo</u> | |
| 23c. DATE SIGNED <u>5 Jan 1953</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan 5, 1953</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>The Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo Rural</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 5-53</u> | | REGISTRAR'S SIGNATURE <u>Florence Adams</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Vansant</u> | | ADDRESS <u>Clinton, Mo</u> | |

MAR 23 1953

MAR 27 1953

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
Student Embalmer

Signed H. J. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.