

FILED SEP 21 1953

BIRTH NO. ....		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>5516</u>		Registrar's No. <u>197</u>					
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) <u>SPRINGFIELD TWP.</u>		c. LENGTH OF STAY (In this place) <u>17 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>0420</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CALHOUN R#1</u>				d. STREET ADDRESS (If rural, give location) <u>CALHOUN MO. R#1</u>							
3. NAME OF DECEASED a. (First) <u>JOHN</u> (Type or Print)			b. (Middle) <u>W.</u>		c. (Last) <u>MANTONYA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 18 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>DEC. 7, 1891</u>		9. AGE (In years) last birthday <u>61</u>	10. MONTHS <u>9</u>	11. DAYS <u>11</u>	12. HOURS <u>11</u>	13. MINUTES <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>EAST HENRY Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>JAMES M. MANTONYA</u>			13b. MOTHER'S MAIDEN NAME <u>MARY TANE LEE</u>			14. NAME OF HUSBAND OR WIFE <u>SUSIE MANTONYA</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. <u>191-32-4074</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Susie Mantonya, Calhoun Mo.</u>						ADDRESS <u>441</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>MYOCARDITIS</u>											
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC DECOMPENSATION</u>											
DUE TO (c) _____											
II. 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 <u>4222</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR						
22. I hereby certify that I attended the deceased from <u>Aug. 1951</u> , to <u>18 Sept., 1953</u> , that I last saw the deceased alive on <u>17 SEPT., 1953</u> , and that death occurred at <u>8:15 P.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>18 Sept 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 20, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENGLE WOOD CEMETERY</u>			24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Sept 20-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Vincent</u>						ADDRESS <u>Clinton, Mo.</u>

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 W. A. Varsant

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.