

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017704

STATE FILE NUMBER

FILED MAY 22 1958 Registration District No. 29 Primary Registration District No. 5380 Registrar's No. 34

300

1-57

320

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Clarksdale 0328 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mi. North Clarksdale Life		Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) RFD 1 Mi. No. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last VINCENT L. MCMANUS			4. DATE OF DEATH Month Day Year May 5, 1958		
--------------------------------------------------------------------------------	--	--	---------------------------------------------------	--	--

5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 7, 1904	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------------------------	---------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------	---------------------------------------	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and state or country) Clarksdale, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
-------------------------------------------------------------------------------------------------------	---------------------------------------------------	---------------------------------------------------------------	-------------------------------------

13a. FATHER'S NAME Thomas McManus	13b. MOTHER'S MAIDEN NAME Clara Kessler	14. NAME OF HUSBAND OR WIFE Cloris
--------------------------------------	--------------------------------------------	---------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 491-22-5587	17. INFORMANT Richard McManus	Address Clarksdale, Mo.
-----------------------------------------------------------------------------------------------------------------	----------------------------------------	----------------------------------	----------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>probable myocardial infarction</u> <u>Coronary arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH ? ? 4201
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2

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 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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>out 1955</u> to <u>26 April, 1958</u> and last saw her alive on <u>26 April 1958</u> Death occurred at <u>Found dead at 3:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

22a. SIGNATURE <u>G. H. Sweiger</u> (Degree or title) <u>m.o.</u>	22b. ADDRESS <u>Waverille, Mo.</u>	22c. DATE SIGNED <u>5/8/58</u>
----------------------------------------------------------------------	---------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 8, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Hurlingen, Mo.
-----------------------------------------------------	--------------------------	-----------------------------------------------------------	-----------------------------------------------------------------

24. FUNERAL DIRECTOR <u>Herman W. Silimph</u>	ADDRESS <u>St. Joseph, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-18-58</u>	26. REGISTRAR'S SIGNATURE <u>Lucas Davidson</u>
--------------------------------------------------	-----------------------------------	------------------------------------------------	----------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in Part 18. No symptoms will be related. All diseases in Part I must be causally related.

20

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 *Robert A. Gaph*

Licensed Embalmer No. 3308
P. O. Address St. Joseph, 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.