Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-028926
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 882

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN: Clinton — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Clinton Convalescing Home — Length of stay in Hospital: 2 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Henry
c. CITY OR TOWN: Clinton 0422 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 301 N Main St — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Arthur — Middle: James — Last: Mann

4. DATE OF DEATH: Month: Sept — Day: 11 — Year: 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 10-26-1881

9. AGE (In years last birthday): 76 — 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): Grain Dealer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Neosho Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James D Mann

13b. MOTHER'S MAIDEN NAME: LaMoine Wilson

14. NAME OF ~~HUSBAND OR~~ WIFE: Flora Mann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 489-38-2269

17. INFORMANT — Address: Russell Mann Jr Clinton 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): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 3 years
DUE TO (c): 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchial asthma

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 ☐ NOT WHILE AT WORK ☐

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 August 1953, to 9/11/58 and last saw her/him alive on 9/5/58
Death occurred at 6 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S.B. Hughes M.D.

22b. ADDRESS: Clinton, Mo.

22c. DATE SIGNED: 9/12/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-13-1958

23c. NAME OF CEMETERY OR CREMATORY: Englewood cem

23d. LOCATION (City, town, or county) (State): Clinton Mo

24. FUNERAL DIRECTOR ADDRESS: Sickman-Dunning Clinton Mo

25. DATE RECD. BY LOCAL REG.: 9-12-58

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

SEP 26 1956

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 L Dunning

Licensed Embalmer No. 4710

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.