

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017210

STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 99 Primary Registration District No. Registrar's No. 36

300  
1-57

1. PLACE OF DEATH a. COUNTY De Kalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY De Kalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sherman Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Clarksdale, RRI.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RRI, Clarksdale, Mo.		Length of stay in lb 62 Years	d. STREET ADDRESS RRI, Clarksdale, Mo
		032 0	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CHARLES Middle E Last McMANUS			4. DATE OF DEATH Month May Day 26 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 4, 1896		9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY On Farm	11. BIRTHPLACE (City and state or country) RRI, Clarksdale, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James E. McManus		13b. MOTHER'S MAIDEN NAME Eurma Kessler		14. NAME OF HUSBAND OR WIFE Clara	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, Yes (known) (If yes, give war or dates of service) Yes WW1		16. SOCIAL SECURITY NO. 487-42-7312	17. INFORMANT Clara McManus RRI, 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) myocardial infarction Coronary arteriosclerosis DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH minutes ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 11-1-58 to 5-26-59 and last saw her alive on 5-26-59  
Death occurred at 6 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Sweizer M.D.	(Degree or title)	22b. ADDRESS Wapville, Mo.	22c. DATE SIGNED 5/26/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 29, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Hurlinger, Mo.
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24. FUNERAL DIRECTOR H.O. Sidenfaden & Son	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. 5-28-59	26. REGISTRAR'S SIGNATURE Ralph Davidson
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1956 JUN 9

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 H. 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.