

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										7-60-015030		
FILED VS APR 18 1960		137		Primary Registration District No. 3023				Registrar's No. 108		STATE FILE NUMBER		
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
a. COUNTY Henry					a. STATE Missouri		b. COUNTY Henry					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton			Length of stay in 1b 4 yrs		c. CITY OR TOWN Clinton			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION S. Second St				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 602 E Lincoln			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)					4. DATE OF DEATH		5. SEX					
First Leonard		Middle H.		Last MANN		Month April		Day 10		Year 1960		
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 6-16-23		9. AGE (last birthday) 36		IF UNDER 1 YEAR IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) welder			10b. KIND OF BUSINESS OR INDUSTRY Metal work		11. BIRTHPLACE (City and state or country) Barton Co, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Harry F. Mann				13b. MOTHER'S MAIDEN NAME Mary Campbell			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW II			16. SOCIAL SECURITY NO. 515-16-9305		17. INFORMANT Harry F. Mann			Address Replinger Mills Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Severed Spinal Cord & fracture										INSTANT		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <del>Due to (b)</del> at T6 with marked displacement												
DUE TO (c)												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days.					
							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) One car auto accident South edge of								
20c. TIME OF INJURY 1:30 a.m.		Month, Day, Year 4-10-60		Clinton on Highway #13.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #13, South edge Clinton		20f. CITY, TOWN, OR LOCATION Clinton,		COUNTY Mo		STATE				
21. I attended the deceased from No medical Attendant and last saw her alive on												
Death occurred at Removed from car dead at 4:45 on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) W. B. Brashaw, M.D. (Coroner)					22b. ADDRESS Clinton, Mo.					22c. DATE SIGNED 4-10-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-12-60		23c. NAME OF CEMETERY OR CREMATORY Linley Prairie			23d. LOCATION (City, town, or county) Cedar Co, Mo. (State)					
24. FUNERAL DIRECTOR John Cantlon				ADDRESS Stockton, Mo.		25. DATE RECD. BY LOCAL REG. April, 12, 1960		26. REGISTRAR'S SIGNATURE Meldred Bigum				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 21 1960

STATEMENT BY LICENSED EMBALMER

APR 28 1960

APR 19 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene R. Conner

Licensed Embalmer No. 468

P. O. Address Clinton, N.C.

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.