

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0001373

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 31

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 30 1967

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor</b>		Length of stay in 1b <b>3 months</b>	c. CITY OR TOWN <b>Windsor</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>706 W. Florence</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Fred Wellington Mantonya</b>			4. DATE OF DEATH Month Day Year <b>January 20, 1967</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/17/1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hatchery Work</b>	9. AGE (last birthday) <b>68</b> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR: Hours Min.
11a. FATHER'S NAME <b>Norman Mantonya</b>		11b. MOTHER'S MAIDEN NAME <b>Lydia Lee</b>	11c. NAME OF HUSBAND OR WIFE <b>Rosie B. Mantonya</b>
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>Hatchery Work</b>	12c. BIRTHPLACE (City and state or country) <b>Henry County, Mo.</b>
13a. FATHER'S NAME <b>Norman Mantonya</b>		13b. MOTHER'S MAIDEN NAME <b>Lydia Lee</b>	13c. NAME OF HUSBAND OR WIFE <b>Rosie B. Mantonya</b>
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		15. SOCIAL SECURITY NO. <b>487-10-4942</b>	16. INFORMANT Address <b>Don Mantonya, Windsor, Missouri</b>
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory collapse</b> DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>10 years</b>			INTERVAL BETWEEN ONSET AND DEATH <b>instnat</b>
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 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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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>12-2-62</u> to <u>1-20-67</u> and last saw <sup>him</sup> alive on <u>1-20-67</u> Death occurred at <u>5:05 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>William J. Smith MD</i> (Degree or title)		22b. ADDRESS <b>103 W. Colt St. Windsor, Mo.</b>	22c. DATE SIGNED <b>1-21-67</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/22/1967</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>
24. FUNERAL DIRECTOR <b>Clifford Gouge, Windsor, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>JAN. 24, 1967</b>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>

