

FILED AUG 4 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)STATE FILE NUMBER
124 69 0028354

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 234DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/689. 1
10a. 75
10b. 4.0425
11. 0
12. 1
13. 1830
14. 01
15. 4
16. 0420
17. DECEASED
18. 0
19. CREDITS
20. 1-0USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.6. 0420
PARENTS**CAUSE****CERTIFIER****BURIAL**

DECEASED—NAME FIRST MIDDLE LAST Ora Ivy MANSFIELD		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) August 2, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White	AGE—LAST BIRTHDAY (YEARS) 5a. 75	UNDER 1 YEAR MOS. DAYS 75	UNDER 1 DAY HOURS MIN. 75	DATE OF BIRTH (MONTH, DAY, YEAR) Nov. 22, 1893
CITY, TOWN, OR LOCATION OF DEATH Clinton		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Clinton General Hospital	
7b. Clinton	7c. Yes	7d. Clinton General Hospital	7a. Henry	
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) Missouri	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Ray Mansfield	
8. Missouri	9. USA	10. Married	11. Ray Mansfield	
SOCIAL SECURITY NUMBER 490 05 8344	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Sales lady	KIND OF BUSINESS OR INDUSTRY Ladies Clothing		
12. 490 05 8344	13b. Sales lady	13a. Ladies Clothing		
RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION Mo. Henry Clinton	14a. Mo.	14b. Henry	14c. Clinton	14d. No
14a. Mo.	14b. Henry	14c. Clinton	14d. No	14e. RPD 5
FATHER—NAME FIRST MIDDLE LAST Alex McLeod	MOTHER—MAIDEN NAME FIRST MIDDLE LAST Margaret Mason	16. Margaret Mason		
INFORMANT—NAME Ray Mansfield		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) RPD 5, Clinton, Missouri 64735		
17a. Ray Mansfield		17b. RPD 5, Clinton, Missouri 64735		
PART I DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE Carcinomatosis left ovary		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 15 months		
(a) Carcinomatosis left ovary				
DUE TO, OR AS A CONSEQUENCE OF:				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST				
(b)				
DUE TO, OR AS A CONSEQUENCE OF:				
(c)				
PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO) No		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH No
None		No		No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) No	DATE OF INJURY (MONTH, DAY, YEAR) 5-4-60	HOUR 8-2-69	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a. No	20b. 5-4-60	20c. 8-2-69		
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20e.	20f.	20g.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 5-4-60	TO 21b. 8-2-69	AND LAST SAW HIM/HER ALIVE ON 21c. 8-1-69	I DUMB/DID NOT VIEW THE BODY AFTER DEATH 21d. did not	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 4:15 A
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH 22b.	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 22c.	HOUR 22d.
22a.		22b.	22c.	22d.
CERTIFIER—NAME (TYPE OR PRINT) S. B. HUGHES	SIGNATURE S. B. Hughes	DEGREE OR TITLE MD	DATE SIGNED (MONTH, DAY, YEAR) 8/2/69	
23a. S. B. HUGHES	23b. S. B. Hughes	23c. MD	23d. 8/2/69	
MAILING ADDRESS—CERTIFIER 106 S. 3rd	STREET OR R.F.D. NO. CLINTON	CITY OR TOWN CLINTON	STATE MO.	ZIP 64735
23a. 106 S. 3rd	23b. CLINTON	23c. CLINTON	23d. MO.	23e. 64735
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	CEMETERY OR CREMATORY—NAME Englewood	LOCATION Clinton, Missouri	CITY OR TOWN STATE	
24a. Burial	24b. Englewood	24c. Clinton, Missouri		
DATE (MONTH, DAY, YEAR) Aug. 4, 1969	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Consalus, 209 S. Second St. Clinton, Missouri 64735			
24d. Aug. 4, 1969	24e. Consalus, 209 S. Second St. Clinton, Missouri 64735			
FUNERAL DIRECTOR—SIGNATURE E. R. Consalus	REGISTRAR—SIGNATURE Mildred Bigum	DATE RECEIVED BY LOCAL REGISTRAR Aug. 2, 1969		
25a. E. R. Consalus	25b. Mildred Bigum	25c. Aug. 2, 1969		

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

AUG 12 1969

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 Eugene R. Conzales

Licensed Embalmer No. 4680

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.