

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24372

State File No.

FILED AUG 6 - 1956

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5699 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Avalon</u>	c. LENGTH OF STAY (in this place) <u>11 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Avalon,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N/W Avalon on JJ road.</u>		d. STREET ADDRESS (If rural, give location) <u>N/W Avalon on farm.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>D.</u> c. (Last) <u>MANTZEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 27th, 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 24, 1905</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>3</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Livingston County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Edward F. Mantzey</u>	13b. MOTHER'S MAIDEN NAME <u>Edna Minnis</u>	14. NAME OF HUSBAND OR WIFE <u>Marie (Robtson) Mantzey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or date of service) <u>World War. II</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Mantzey, Avalon, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Avascular anterior of Brain</u>			<u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Avascular Frontal Bone</u>			<u>Instant</u>
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Chillicothe</u> (COUNTY) <u>Livingston</u> (STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>July 27 1956 3:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car Went off Road</u>
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22. I hereby certify that I attended the deceased from None, 19 , to , 19 , that I last saw the deceased alive on July 27, 1956 and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph G. Conrad M.D.</u> (Degree or title)	23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>7/31/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/31/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem, Tina, Missouri</u>	24d. LOCATION (City, town, or county) (State) <u>Carroll County</u>
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DATE REC'D BY LOCAL REG. <u>7/31/56</u>	REGISTRAR'S SIGNATURE <u>Francis B Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford W. Austin, Tina, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

171-6

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
Student Embalmer

Signed.....

Clifford W. Austin

..... Licensed Embalmer No. 3233.....

P. O. Address Tina, Missouri......

Note: ~~The~~ 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 this body is not embalmed, fact should be so stated above.