

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16034**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **5152** Registrar's No. **26**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural. Polo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b> <b>0130</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>X X</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clarence</b> b. (Middle) <b>Edward</b> c. (Last) <b>Manley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 20 - 1950</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Dec 14 1892</b>	9. AGE (In years last birth day) <b>56</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired street car operator.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ray Co. Mo</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>A. B. Manley</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ellen Bales</b>		14. NAME OF HUSBAND OR WIFE <b>Opal Stoppel</b>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Arthur Manley Kingston Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>20 years</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Osteoarthritis</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Cardiac exhaustion</b>			7230
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					6 mo

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **not at all**, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. H. Wilson MD coroner Caldwell Co Mo</b>		23b. ADDRESS <b>Polo Mo</b>		23c. DATE SIGNED <b>5.20.50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-22-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Prairie Ridge</b>	
		24d. LOCATION (City, town, or county) (State) <b>Polo Rural</b>			

DATE REC'D BY LOCAL REG. <b>May 24/50</b>		REGISTRAR'S SIGNATURE <b>Gladys Jones</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Abspaugh &amp; Cowley Polo Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1950

MS  
APR 29 1950



**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 Wayne H. Halleman

Licensed Embalmer No. 4627

P. O. Address Palo, 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 this body is not embalmed, fact should be so stated above.