

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **41808**

FILED JAN 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **171**

0242

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

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond</b>	
c. LENGTH OF STAY (in this place) <b>2 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>122 Tribble St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Excelsior Springs Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>HAMMER</b> c. (Last) <b>MANLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 25, 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 8, 1903</b>		9. AGE (In years last birthday) <b>49</b> Months <b>7</b> Days <b>17</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Parts control man</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Aircraft industry</b>		11. BIRTHPLACE (State or foreign country) <b>Richmond, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>William R. Manley, sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Daisy Lee</b>		14. NAME OF HUSBAND OR WIFE <b>Blanche Burke Manley</b>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>487-03-9033</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Blanche B. Manley, Richmond, Mo.</b> ADDRESS _____	
---	--	--	--	---	--

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio-sclerosis</b> DUE TO (c) <b>Nephritis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>?</b> <b>?</b>
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"/>	
------------------------------	--	--	--	--	--

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) _____		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 **12-10-1952 to 12-25, 1952** that I last saw the deceased alive on **12-25-1952** and that death occurred at **2:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G. E. Gray, M.D.</b> (Degree or title)		23b. ADDRESS <b>Richmond</b>		23c. DATE SIGNED <b>12-25-52</b>	
--	--	------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. NAME OF CEMETERY OR CREMATORY <b>Sunny Slope Cemetery</b>		24c. LOCATION (City, town, or county) (State) <b>Richmond, Mo.</b>	
---	--	--	--	--	--

DATE REC'D BY LOCAL REG. <b>12/29/52</b>		REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thurman Funeral Home</b> ADDRESS <b>Richmond, Mo.</b>	
--	--	---	--	---	--

---

---

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 James L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.