

FILED MAR 4 - 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006840  
STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 15

300  
1-57

3

1. PLACE OF DEATH a. COUNTY <u>RAY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Rayville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 miles NE Rayville Mo. 12 years</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>P.F.D.H. 1-3 miles NE Rayville</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>GERALD EVERETT MANLEY</u>			4. DATE OF DEATH Month Day Year <u>February 22, 1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 10, 1914</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>43</u> <u>6</u> <u>13</u>	
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 <u>GENERAL FARMING Millville Missouri</u>		11. BIRTHPLACE (City and state or country) <u>U.S.C.</u>	
13a. FATHER'S NAME <u>Robert Manley</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Dale</u>		14. NAME OF HUSBAND OR WIFE <u>Sybil (Hankins) Manley</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT Address <u>MRS Sybil Manley Rayville, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>accidental Drowning</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>found 2/24/58 in well.</u>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>089</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 _____, to _____ and last saw her/him alive on _____ Death occurred at <u>UNKNOWN</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Thomas D. Gosh, M. A. Coroner</u>			22b. ADDRESS <u>Richmond Missouri</u>		22c. DATE SIGNED <u>2/26/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Feb. 26, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dockery Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ray County Missouri</u>
24. FUNERAL DIRECTOR <u>West-Aide Funeral Home</u> Address <u>Richmond Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>2-28-1958</u>		26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs to be stated.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

26

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 *[Handwritten Signature]* .....  
Licensed Embalmer No. *4066* .....  
P. O. Address *[Handwritten Address]* .....

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.