

FILED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42615

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 87

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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Payville</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Payville</u>	
c. LENGTH OF STAY (in this place) <u>80 years</u>		d. STREET ADDRESS (If rural, give location) <u>5 mile NE Payville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mile NE Payville</u>		d. STREET ADDRESS (If rural, give location) <u>5 mile NE Payville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Mandey</u> c. (Last) <u>Mandey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 17, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>September 12, 1873</u>		9. AGE (In years last birthday) <u>78</u> Months <u>3</u> Days <u>5</u>		10. UNDER 1 YEAR <u>5</u> HOURS <u>15</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Walter Zimmerman</u>		13b. MOTHER'S MARDEN NAME <u>Elizabeth Conahan</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert Mandey</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Kate Claypole, Retired, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Bronchopneumonia, right</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Bronchopneumonia, right</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cellulitis right lower leg</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	
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) (Minute)		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 <u>12-16</u> , 19 <u>51</u> , to <u>12-16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-16</u> , 19 <u>51</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>M. L. Masterson, MD</u> (Degree or title)		23b. ADDRESS <u>Richmond, Mo.</u>	
23c. DATE SIGNED <u>12/20/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Nov. 19, 1951</u>	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Cemetery Ray County, Missouri</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Jackson</u> ADDRESS <u>Richmond, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 26, 1951</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

See on back

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

George P. Hill
Licensed Embalmer No. *4069*
P. O. Address *Richardson, Va*

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.