

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND	c. LENGTH OF STAY (In this place) 4 WKS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - KNOXVILLE TOWNSHIP	
d. FULL NAME OF HOSPITAL OR INSTITUTION RAY CO. INFIRMARY		d. STREET ADDRESS (If rural, give location) 4mi SW KNOXVILLE 0890	

3. NAME OF DECEASED (Type or Print) ROBERT			a. (First) ROBERT	b. (Middle) J.	c. (Last) MANLEY	4. DATE OF DEATH (Month) (Day) (Year) MARCH 16 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MARCH 28, 1963	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months 11 Days 18	IF ORDER IN HIS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME ROBERT MANLEY		13b. MOTHER'S MAIDEN NAME LOUISA MCKNIGHT		14. NAME OF HUSBAND OR WIFE SARAH F. ZIMMERMAN	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MISS MATTIE MANLEY		ADDRESS RICHMOND, MO.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				3 days	
		ANTECEDENT CAUSES		DUE TO (b) Uremic Poisoning		2 days	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Arterial Sclerosis		5 years	
		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 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 **3/12/1952** to **3/16/1952**, that I last saw the deceased alive on **3/16/1952**, and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. E. J. Rexon		23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 3/19/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 19, 1952		24c. NAME OF CEMETERY OR CREMATORY DOLLERY CEMETERY		24d. LOCATION (City, town, or county) (State) RAY CO. MISSOURI	
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DATE REC'D BY LOCAL REG. Mar. 19 1952		REGISTRAR'S SIGNATURE Malcolm Jackson 273		25. FUNERAL DIRECTOR'S SIGNATURE QUEST-LIFE FUNERAL HOME		ADDRESS RICHMOND, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

890
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APR 25 1952

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  _____

Licensed Embalmer No. 4066 _____

P. O. Address Putnam, Pa. _____

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.