

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34986

State File No.

FILED OCT 26 1954 REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 4448 Registrar's No. 17

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, write RURAL and give township) <u>Lawson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lawson</u>	
c. LENGTH OF STAY (in this place) <u>44 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>THOMAS</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>MANSO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 13 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 20 1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Depot Agent</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Avalon Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Arthur Flemming Manso</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Burbage</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Manas Lawson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>707-10-8615</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Allene Stuart Brousselle N.Y.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>4 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Myocarditis Pulmonary Em</u>		
	DUE TO (b)		
	DUE TO (c)		
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 <u>#201</u>	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 <u>Lawson</u>	(COUNTY) <u>Ray</u>	(STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept. 1, 1954, to Oct. 13, 1954, that I last saw the deceased alive on Oct. 12, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Detw. Buehner M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lawson Mo.</u>	23c. DATE SIGNED <u>10/15/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 15 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lawson Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 15 1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. Raymond Grobe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jarman Prichard</u>	ADDRESS <u>Lawson Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

UNIT # 8 16

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 *Ludell Jarman*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.