

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12535

State File No.

FILED MAY 11 1954

39

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</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) OR TOWN <u>LEXINGTON</u>	c. LENGTH OF STAY (in this place) <u>10 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARDIN</u> <u>0890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEXINGTON MEMORIAL HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>NOME STREET 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALTA</u> b. (Middle) <u>CARROLL</u> c. (Last) <u>MANSUR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 25, 1954</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>DEC. 4, 1886</u>	9. AGE (In years last birthday) <u>67</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BEAUTICIAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWNER BEAUTY PARLOR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>RAY COUNTY, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>JOHN WALK</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA PRITCHARD</u>	14. NAME OF HUSBAND OR WIFE <u>C.O. MANSUR SR.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>495-24-8269</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LAWRENCE HIFF</u>	ADDRESS <u>SACRAMENTO, CALIF.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>none</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (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 4/15, 1954, to 4-25, 1954, that I last saw the deceased alive on 4/15, 1954, and that death occurred at 10 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ben H Brasher M.D.</u>	23b. ADDRESS <u>Lexington, Mo.</u>	23c. DATE SIGNED <u>4/27/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hamilton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Caldwell County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-6-54</u>	REGISTRAR'S SIGNATURE <u>M. E. Eastlick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thompson & Beckwith</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 August Bouchard

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.