

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

26813

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>82</u>	
1. PLACE OF DEATH a. COUNTY <u>WAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</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>3 days</u>		c. CITY OR TOWN <u>HARDING</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>MEMORIAL HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>east side</u> <span style="float: right;">0890 1</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>OTIS</u> c. (Last) <u>MANSUR SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>MARCH 29, 1862</u>	
9. AGE (In years last birthday) <u>93</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>REAL ESTATE AGT.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RAY COUNTY Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S. a</u>		13a. FATHER'S NAME <u>PORTER MANSUR</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET QUINN</u>		14. NAME OF HUSBAND OR WIFE <u>MARY V. MANSUR</u>	
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C.O. MANSUR JR. Richmond, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilat bronchial pneumonia</u>  ANTECEDENT CAUSES DUE TO (b) <u>to fall at home, fracturing rt. hip.</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  <u>3 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>089</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>8/25/55</u> , 19 <u>55</u> , to <u>8/28/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8/28/55</u> , 19 <u>55</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ben H. Brasher MD Lexington Mo</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>8/31/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>8-30-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW HOPE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>RAY COUNTY Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-1-55</u>		REGISTRAR'S SIGNATURE <u>M. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Impedial &amp; Prochuding Harding, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 29 1955

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... *August Borchert* .....

Licensed Embalmer No. *4678*

P. O. Address *Hardin, M*

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.