

FILED DEC 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

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

89

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6021 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>RAY</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>RURAL - GRAPE GROVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - GRAPE GROVE</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAULINE</u> b. (Middle) <u>M.</u> c. (Last) <u>MANSUR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 1, 1949</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>OCT. 31, 1866</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u>	
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		11. BIRTHPLACE (State or foreign country) <u>Winchester County, Ohio</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>CHARLES BOWEN</u>		13b. MOTHER'S MAIDEN NAME <u>ALMINA SLOUGH</u>		14. NAME OF HUSBAND OR WIFE <u>STEPHEN A. MANSUR</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. GRACE FOR JOY HARDIN</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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetia</u>				<u>15 yrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetic Coma</u>				<u>2 days</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>26 UX</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 Oct 30, 1949, to Oct 31, 1949, that I last saw the deceased alive on Oct 31, 1949, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. E. J. Renner M.D.</u>		23b. ADDRESS <u>Richmond Mo.</u>		23c. DATE SIGNED <u>Dec 2-1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 2-1949</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Krijaschil & Bocherding Hardin</u>	
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RECEIVED

District Health Officer No. 8.

DEC 5

District File Number

Date Filed 12-7-49

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 Boucherding

Licensed Embalmer No. 4678

P. O. Address Harding, 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.