

FILED AUG 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27315

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6021 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Ray Co</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, give RURAL and give township) OR TOWN <u>Grape Grove Twp. 2nd E</u>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural 14 miles North of Hardin</u>		e. STREET ADDRESS (If rural, give location) <u>Rural - 14 miles North of Hardin</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Jennings</u> c. (Last) <u>Mannum</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-17-1955</u>	
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>1/23/1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>58</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Steve Allen Mannum</u>		13b. MOTHER'S MAIDEN NAME <u>Pardine Bowen</u>	
14. NAME OF HUSBAND OR WIFE <u>Lillian Coates</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jennings Mannum</u> ADDRESS <u>Hardin</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of secum with metastases</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) <u>153X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>5/13/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of secum with multiple metastases</u>	
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) _____	
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>May 3, 1955</u> , to <u>Aug. 17, 1955</u> , that I last saw the deceased alive on <u>July 6, 1955</u> , and that death occurred at <u>11:00 A.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W. Johnson M.D.</u>		23b. ADDRESS <u>Richmond, Mo.</u>	
23c. DATE SIGNED <u>8/19/55</u>		24a. BURIAL, CREMATION, REMOVAL TO SEPTIC TANK <u>Aug. 19-55</u>	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>14 miles north of Hardin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kneischel + Bore</u> ADDRESS <u>Hardin</u>	
DATE REC'D BY LOCAL REG. <u>Aug 20-1955</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> 273-0	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....
Licensed Embalmer No..... 467

P. O. Address.....
Hardy

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.