

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7904

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6496 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <del>Wright</del> Wood Township		c. LENGTH OF STAY (In this place) CITY <del>Wright</del> Wood Township TOWN <del>Wright</del>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 1770	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) W.	c. (Last) McManis	4. DATE OF DEATH (Month) (Day) (Year) Jan 29 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 10, 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 19	IF UNDER 24 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Blair, Nebraska	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Alex McManis	13b. MOTHER'S MAIDEN NAME Mary Waite	14. NAME OF HUSBAND OR WIFE Mae McManis
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie Thompson	ADDRESS Mtn Grove, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* (a) <i>Probably coronary occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION H201	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)
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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?
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22. I hereby certify that I attended the deceased from *viewed* ~~1-29~~ 1-29, 1956, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *4:00 P. m.* \_\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE <i>Frank Grable</i> (Degree or title) <i>coroner mtn Grove Mo</i>	23b. ADDRESS <i>1-30-56</i>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-1-1956	24c. NAME OF CEMETERY OR CREMATORY Mountain Valley	24d. LOCATION (City, town, or county) (State) Mountain Grove Mo.
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DATE REC'D BY LOCAL REG. 2-2-56	REGISTRAR'S SIGNATURE <i>A. B. Amer</i> 348-0	25. FUNERAL DIRECTOR'S SIGNATURE <i>Grable - Windle</i> ADDRESS <i>mtn Grove Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed  
FEB 18 1930

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 *Frank Grable*

Licensed Embalmer No. *414*

P. O. Address *Santa Fe*

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.