

Health, Welfare
Public
Service

300
1-56

ALL DISASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19983
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Monett	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elsie's Rest Home		Length of stay in lb 29 Days	
STREET ADDRESS 1002 Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Manford Thomas Ethridge			4. DATE OF DEATH July 2 1957		
5. SEX Male			6. COLOR OR RACE White		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH 2-14-1890		
9. AGE (In years last birthday) 67			10. KIND OF BUSINESS OR INDUSTRY Farm & Produce Deal.		
11. BIRTHPLACE (City and state or country) Monett Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13. FATHER'S NAME George Ethridge		14. MOTHER'S MAIDEN NAME Nancy Wheeler	
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. None	
17. INFORMANT Mrs. Norma Ethridge		Address Monett, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tuberculosis, Pulmonary		INTERVAL BETWEEN ONSET AND DEATH 30 yr +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from April 1957 to July 1957 and last saw ^{him} alive on July 2 Death occurred at 7 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE [Signature] (Degree or title) M.D.	22b. ADDRESS Monett Mo.
22c. DATE SIGNED 7-3-57	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-5-1957	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) (State) Monett Missouri
24. FUNERAL DIRECTOR ADDRESS Mercer Funeral Home Monett, Mo.	25. DATE RECD. BY LOCAL REG. 7-3-57	26. REGISTRAR'S SIGNATURE Mrs. O. N. Cook	

(Licensed Embolmer's Statement on Reverse Side)

**BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.**

NO. 757-114

DATE REC. 7-8-57

JUL 10 1957

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 Roy H. Mercer

Licensed Embalmer No. **443**

P. O. Address **Monett, Mo.**

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. 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.