

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007743

FILED VS MAR 1 1960 297

Registration District No. _____ Primary Registration District No. 6022 Registrar's No. 33

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>RAY</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND</u> Length of stay in 1b <u>1 week</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RAY COUNTY MEM. HOSPITAL</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u> c. CITY OR TOWN <u>GRAPE GROVE TWP.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>10 mi. NORTH OF HARDIN</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>ALUAN</u> Middle <u>-</u> Last <u>MANSUR</u>			4. DATE OF DEATH Month <u>FEB.</u> Day <u>23</u> Year <u>1960</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 1 1889</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____	
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 <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>RAY COUNTY, Mo.</u>		
10c. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>GEORGE MANSUR</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE McCLURE</u>		
13c. NAME OF HUSBAND OR WIFE <u>GRACE H. MANSUR</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>487-D-6096</u>		
17. INFORMANT <u>GRACE H. MANSUR - NORDORNE, Mo. Rt. 2.</u>		17. ADDRESS				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE DILATATION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CARCINOMA COLON</u> DUE TO (c) <u>HYDRO THORAX (RT)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INST</u> <u>3</u> <u>5</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from <u>2-15-60</u> to <u>2-23-60</u> and last saw him alive on <u>2-23-60</u> Death occurred at <u>4:30 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>2-27-60</u>	
22a. SIGNATURE <u>E. B. Jay MD.</u> (Degree or title)		22b. ADDRESS <u>Richmond</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-25-60</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>HAUELOCK CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>RAY COUNTY, Mo.</u>	

24. FUNERAL DIRECTOR <u>KNIPSCHILD + BORENERDING - HARDIN, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-23-1960</u>	26. REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Richard Rouchding*

Licensed Embalmer No. 4678

P.O. Address Hardin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.