

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-045911

STATE FILE NUMBER

AMENDED

FILED DEC 18 1961

Primary Registration District No. 6022 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Richmond Twp</u>		Length of stay in lb <u>Minutes</u>		c. CITY OR TOWN <u>Higginsville</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 Mi. S. Of Richmond, Mo.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>I906 Shelby</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Gilbert</u> Last <u>Maness</u>				4. DATE OF DEATH Month <u>12</u> Day <u>4</u> Year <u>1961</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>I-14-1938</u>		9. AGE (last birthday) <u>23</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>20</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Steva Stone Co.</u>		11. BIRTHPLACE (City and state or country) <u>Lexington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>John L. Maness</u>				13b. MOTHER'S MAIDEN NAME <u>Emma Huffman Maness</u>				14. NAME OF HUSBAND OR WIFE <u>none</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>				16. SOCIAL SECURITY NO. <u>488-4094331</u>		17. INFORMANT <u>John L. Maness</u>		Address <u>Higginsville, Missouri</u>					
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>Head & Chest injuries</u>										INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>			
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)								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 checked="" 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.) <u>Car Accident</u>									
20c. TIME OF INJURY <u>12:30</u> Hour <u>p.m.</u> Month, Day, Year <u>12/4/61</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Highway M-10</u>		20f. CITY, TOWN, OR LOCATION <u>2 1/2 Mi. S. Richmond, Mo.</u>		COUNTY <u>Ray</u>		STATE <u>Mo.</u>			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at <u>12:30 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
21a. SIGNATURE (Degree or title) <u>Don Shofford Corcoran</u>						22b. ADDRESS <u>Richmond, Mo.</u>			22c. DATE SIGNED <u>12-4-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>12-6-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City</u>		23d. LOCATION (City, town, or county) (State) <u>Higginsville, Missouri.</u>						
24. FUNERAL DIRECTOR <u>Forrest A. Hoefler</u>				ADDRESS <u>Higginsville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-11-1961</u>		26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>					

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JAN 10 1962

VS DEC 26 1961

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 Forrest R. Hoefler

Licensed Embalmer No. 480I

P. O. Address Higginsville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.