

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033662  
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 256 Primary Registration District No. 5879 Registrar's No. 14

300  
1-57

1. PLACE OF DEATH a. COUNTY Osage			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Osage		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Benton Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Benton Township 0760		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chamois, Mo., RFD		Length of stay in 1b 5 years	d. STREET ADDRESS (If outside, give location) Chamois, Mo., RFD		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lucy Paulina Mantle			4. DATE OF DEATH Month Day Year Sept. 24, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 22, 1873	9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Richfountain, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George McDaniel		13b. MOTHER'S MAIDEN NAME Mary Bridge		14. NAME OF HUSBAND OR WIFE David J. Mantle	
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 Address Mrs. Herbert Fitzgerald, Chamois, 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) Pulmonary edema  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive heart disease with Congestive failure DUE TO (c) 443 X					INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 11/4/57, to 5/19/58 and last saw her alive on 5/19/58 Death occurred at 3:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Thomas W. Baldwin D.O. <sup>2</sup>			22b. ADDRESS Linn		22c. DATE SIGNED 9/26/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 28, 1958	23c. NAME OF CEMETERY OR CREMATORY Deer Creek E. & R.		23d. LOCATION (City, town, or county) (State) Osage County, Missouri
24. FUNERAL DIRECTOR Clyde Morton		ADDRESS Linn, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 30, 1958	26. REGISTRAR'S SIGNATURE Josephine Schieder

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 6 1958

### 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 *Union Morton* .....

Licensed Embalmer No. *4125* .....

P. O. Address *Lebanon, 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.