

CERTIFICATE OF DEATH
FLORIDA

71-034005

STATE FILE NO. _____

REGISTRAR'S NO. 80
DATE OF DEATH (MONTH, DAY, YEAR)

DECEASED—NAME
1. **HENRY EMMETT MANUSH**, Male, **May 12, 1971**

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) **White**
AGE—LAST BIRTHDAY (YEARS) **30 69**
UNDER 1 YEAR (MOS. DAYS) UNDER 1 DAY (HOURS MIN.)
DATE OF BIRTH (MONTH, DAY, YEAR) **July 20, 1901**
COUNTY OF DEATH **Sarasota**

CITY, TOWN, OR LOCATION OF DEATH **Sarasota**
INSIDE CITY LIMITS (SPECIFY YES OR NO) **7c. Yes**
HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **7d. Extendicare**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) **Alabama**
CITIZEN OF WHAT COUNTRY **U.S.A.**
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **10. Widowed**
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) **11. None**

SOCIAL SECURITY NUMBER **12 262-14-2351**
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) **13a. Retired Baseball**
KIND OF BUSINESS OR INDUSTRY **13b. Major League Baseball**
RESIDENCE—STATE **14a. Florida** COUNTY **14b. Sarasota** CITY, TOWN, OR LOCATION **14c. Sarasota**
INSIDE CITY LIMITS (SPECIFY YES OR NO) **14d. Yes** STREET AND NUMBER **14e. 1653 7th St.**

FATHER—NAME FIRST MIDDLE LAST **George Manush, Sr.**
MOTHER—MAIDEN NAME FIRST MIDDLE LAST **Catherine Carls**

INFORMANT—NAME **17a. Mrs. Lillis M. Grosvenor**
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **17b. 1835 6th Street, Sarasota, Florida**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
18. IMMEDIATE CAUSE
(a) **Carcinoma of the Esophagus**
DUE TO, OR AS A CONSEQUENCE OF:
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **18 months**
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
AUTOPSY (YES OR NO) **19a. NO**
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH **19b.**

(Probably) ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED (Specify) **20a.**
DATE OF INJURY (MONTH, DAY, YEAR) **20b.**
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, (19b) 18.) **20c. M. 20d.**

INJURY AT WORK (SPECIFY YES OR NO) **23a.**
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) **20f.**
LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) **20g.**

CERTIFICATION—MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. **11 11 1955** TO 21b. **5 12 1971** 21c. **5 11 71** 21d. **5:15 M.**

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
22a. HOUR OF DEATH MONTH DAY YEAR HOUR

CERTIFIER—NAME (TYPE OR PRINT) **23a. GEORGE A. BISHOPRIC MD** SIGNATURE **23b.** DEGREE OR TITLE **MD** DATE SIGNED (MONTH, DAY, YEAR) **23c. 5-14-71**

MAILING ADDRESS—CERTIFIER **23d. 1950 Washington St Sarasota FL 33579**
BURIAL, CREMATION, REMOVAL (SPECIFY) **24a. Burial**
CEMETERY OR CREMATORY—NAME **24b. Sarasota Memorial Pk.** LOCATION **24c. Sarasota, Florida**

DATE (MONTH, DAY, YEAR) **24d. 5-15-71**
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **25a. Roberts Funeral Home, Inc., Postal Drawer A, Sarasota, Fla.**

FUNERAL DIRECTOR—SIGNATURE **25b.** REGISTRAR—SIGNATURE **26a. Patricia Budreau - Deputy** DATE RECEIVED BY LOCAL REGISTRAR **26b. 5-14-71**