

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

16110

Dist No. 410Serial No. 695

State File No.

1. NAME OF DECEASED (Type or Print)			a. (First) Joab	b. (Middle) Logan	c. (Last) McManus	2. DATE (Month) (Day) (Year) OF DEATH Dec. 23, 1955			
3. PLACE OF DEATH a. COUNTY Raleigh					4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE W. Va. b. COUNTY Raleigh				
b. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Beckley			c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Skelton				
d. FULL NAME OF HOSPITAL OR INSTITUTION Beckley Hospital					d. STREET ADDRESS (If rural, give location)				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 7, 1887		9. AGE (In years) 68 If under 1 year: Month Days If under 24 hrs: Hours Min.	
10. USUAL OCCUPATION Retired Bookkeeper			10a. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Palmyria, Ill.			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Benjamin McManus					14. MOTHER'S MAIDEN NAME Elmyra Chamberlin				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY No.		17. INFORMANT Mrs. J. L. McManus				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) 443X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME (Month) (Day) Year (Hour) OF INJURY		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			21g. INQUEST Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
22. I hereby certify that I attended the deceased from Nov. 13, 1955 , to Dec 23, 1955 , that I last saw the deceased alive on Dec 23, 1955 , and that death occurred at 12:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE D. B. Astum			(Degree or title) MD		23b. ADDRESS Beckley, W. Va.		23c. DATE SIGNED Dec 27-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-26-55		24c. NAME OF CEMETERY OR CREMATORY Sunset, Beckley		24d. EMBALMERS SIGNATURE W. S. Gresham		LIC. No. 117	
DATE REC'D BY LOCAL REG. 12/27/55		REGISTRAR'S SIGNATURE W. S. Gresham		25. FUNERAL DIRECTOR'S (Signature) W. S. Gresham			LIC. No. 125		

This is a legal document when properly executed and will be placed in permanent file.

Write plainly with permanent ink or typewriter.

Physician last in attendance must state cause of death and sign medical certification. If no physician in attendance, health officer (or coroner, if inquest is held) must complete and sign medical certification. Power of signature cannot be delegated.

Cause of death.

Enter only one cause per line for A.B.C.* This does not mean mode of dying such as heart failure, asthma, etc., it means the disease, injury or complication which caused death.

Funeral director or person disposing of body, must file certificate with local registrar within 72 hours after death and prior to transportation by common carrier or removal from state.

All items are to be complete and accurate.