

FILED MAY 9 1949

STANDARD CERTIFICATE OF DEATH

State File No. 11565

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 484

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>912 S. 24th St. 1</u>		d. STREET ADDRESS (If rural, give location) <u>721 N. Buchanan 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Oliphant</u> c. (Last) <u>Monticue</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 28 1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 6, 1859</u>
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u>2</u> Min. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe Co., Ind. 1</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm. Oliphant</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Oliphant Workman</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. H. Monticue</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bessie Sherlock, Maryville Mo</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart disease arteriosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis general</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-19 1949</u> , to <u>4-28 1949</u> , that I last saw the deceased alive on <u>4-27 1949</u> , and that death occurred at <u>2:35 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>4-29-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 30, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Workman Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Burlington Junction Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 30, 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas M. Price, Maryville, Mo.</u>	

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

ROBERT L SOUTER

Student Embalmer No. 309

working under my personal supervision.

Student

Robert L Souter

Student Embalmer

Signed

Clum M. Price

Licensed Embalmer No. 1822

P. O. Address Manville, 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 this body is not embalmed, fact should be so stated above.