

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23039**

No. 300
10.48
FILED AUG 6 1949

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

BIRTH NO. _____		REG. DIST. NO. 117	PRIMARY REG. DIST. NO. 5435	Registrar's No. 3
1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE MO b. COUNTY Gasconade c. CITY OR TOWN Rural Boeuf Twp. R.F.D. (Rural)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boeuf Twp. R.F.D. (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boeuf Twp.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 18 mi. S. of Hermann		d. STREET ADDRESS (If rural, give location) 18 mi. S. of Hermann		
3. NAME OF DECEASED (Type or Print) a. (First) August M. b. (Middle) _____ c. (Last) Monney		4. DATE OF DEATH (Month) 7 (Day) -14- (Year) 49		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan-18(- 1866)	9. AGE (In years) Last birthday 83 IF UNDER 1 YEAR Months 6 IF UNDER 4 HRS. Hours 00 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Switzerland
12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME John Joseph Monney		13b. MOTHER'S MAIDEN NAME Mary Ann		14. NAME OF HUSBAND OR WIFE Lucile La Fave
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'S SIGNATURE OR NAME Charley Monney ADDRESS Swiss MO
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Cause ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Symptoms: Apoplexy DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 3/4 hr
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Heart		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Boeuf #1 Twp. Gasconade MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE August H. Oliver (Degree or title) Coroner		23b. ADDRESS Hermann, Mo		23c. DATE SIGNED 7-14-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-16-49		24c. NAME OF CEMETERY OR CREMATORY Linn Public Cemetery
24d. LOCATION (City, town, or county) (State) Linn MO		25. FUNERAL DIRECTOR'S SIGNATURE Clyde Mosher ADDRESS Linn, Mo		
DATE REC'D BY LOCAL REG. 7/16/49		REGISTRAR'S SIGNATURE Walter D. Miller		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 4 1949
District Health Officer No. 9
District File Number

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
Student Embalmer

Signed

Vernon M. Mostard

Licensed Embalmer No.

4/25

P. O. Address

Linn, 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.