

FILED FEB 27 1950

STANDARD CERTIFICATE OF DEATH

4408 State File No. 5699

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>30-52</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Smithton</u>		c. LENGTH OF STAY (in this place) <u>4 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Smithton town</u>		d. STREET ADDRESS (If rural, give location) <u>08 10 D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southern part of town</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>NICKLE A</u> b. (Middle) <u>MONSEES</u> c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>2-18-1950</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 12-1881</u>	
9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months <u>1</u> Day <u>6</u>		11. IF UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work during most of working life, if it varied) <u>Farming & stockman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Pettis County mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	
13a. FATHER'S NAME <u>L. M. Monsees</u>				13b. MOTHER'S MAIDEN NAME <u>Rickey Kasten</u>		14. NAME OF HUSBAND OR WIFE <u>Mollie</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. Shelby Monsees Smithton 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>Carcinoma of Prostate</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastases in pelvis bones & cervical gland</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> 1979X			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Jan 20, 1950</u> , to <u>Feb 20, 1950</u> , that I last saw the deceased alive on <u>Feb 18, 1950</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. O. Schomel MD</u>				23b. ADDRESS <u>Redefer Mo</u>		23c. DATE SIGNED <u>2/20/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Burial 12-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton Pettis Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-21-1950</u>		REGISTRAR'S SIGNATURE <u>R. G. Campbell</u>		FUNERAL DIRECTOR'S SIGNATURE <u>A. F. Nemeyer</u>		ADDRESS <u>Smithton Mo</u>	
(Licensed Embalmer's Statement on Reverse Side)							

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

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 _____

Licensed Embalmer No. 3912

P. O. Address Smithton 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.