

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15717
Registrar's No. 83

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4549

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Allendale		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Allendale	
c. LENGTH OF STAY (In this place) 9 years		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) Washington	c. (Last) Monk	4. DATE OF DEATH (Month) (Day) (Year) 3 29 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8 27 1864	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR (Months) 7	IF UNDER 11 HRS. (Days) 2	IF UNDER 11 HRS. (Hours) 0	IF UNDER 11 HRS. (Min.) 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Harrison County	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mose Monk	13b. MOTHER'S MAIDEN NAME Jane Ward	14. NAME OF HUSBAND OR WIFE Viola Sparks Monk
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Lemon Monk	ADDRESS St. Joseph, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Cerebral Embolism		1 week
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		10 years
11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			3327

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July, 1947 to 3-29, 1950, that I last saw the deceased alive on 3-25, 1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

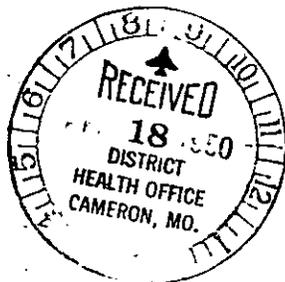
23a. SIGNATURE (Degree or title) Frank B. Matthews MD	23b. ADDRESS Grant City, Mo	23c. DATE SIGNED 3/31/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4 2 1950	24c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery	24d. LOCATION (City, town, or county) (State) Allendale, Mo
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DATE REC'D BY LOCAL REG. April 15-1950	REGISTRAR'S SIGNATURE John E. Duvall	25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Duffer	ADDRESS Grant City, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.