

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10. 48

DEC 5 1951

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 145

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| 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill</u> | c. LENGTH OF STAY (In this place) <u>60 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill, Mo. 0199</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.E. Part of town</u> | | d. STREET ADDRESS (If rural, give location) <u>S.E. part of town</u> | |

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|-------------------------------------|---------------------------|-----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>RICHARD</u> | b. (Middle) <u>H.</u> | c. (Last) <u>MONDAY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-29-1951</u> |
|-------------------------------------|---------------------------|-----------------------|-------------------------|--|

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|--------------------|---------------------------------|--|---------------------------------------|---|---|---|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>10-29-1964</u> | 9. AGE (In years last birthday) <u>87</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|---------------------------------|--|---------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired contractor</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>retired contractor</u> | 11. BIRTHPLACE (State or foreign country) <u>Texas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Richard Monday</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Monday</u> | 14. NAME OF HUSBAND OR WIFE <u>America Thaley</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl Handv-Pleasant Hill, Mo.</u> | ADDRESS <u>Pleasant Hill, Mo.</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular thromboses (severe)</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis 7 yrs.</u> DUE TO (c) <u>Arteriosclerotic heart disease 2 yrs.</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>332X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
| 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? |

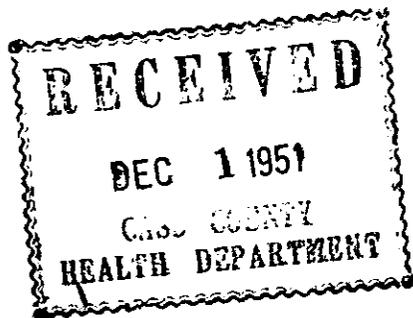
22. I hereby certify that I attended the deceased from 7-21, 1949, to 11-29, 1951, that I last saw the deceased alive on 11-26, 1951, and that death occurred at 3:45 AM., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Allen B. Barnard MD</u> | (Degree or title) | 23b. ADDRESS <u>Pleasant Hill, Mo.</u> | 23c. DATE SIGNED <u>11/23/51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>11-25-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Ceme Pleasant Hill, Mo.</u> |
|--|--------------------------------|--|---|

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| DATE REC'D BY LOCAL REG. <u>Nov 26, 1951</u> | REGISTRAR'S SIGNATURE <u>Allen B. Barnard</u> | 457 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen B. Barnard</u> | ADDRESS <u>Pleasant Hill, Mo.</u> |
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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 William L. Anderson.....

Licensed Embalmer No. 4674.....

P. O. Address Pleasant Hill, 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.