

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42652

State File No.

FILED DEC 24 1952

REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244

Registrar's No. 201125

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville	
c. LENGTH OF STAY (In this place) 65 Yrs.		d. STREET ADDRESS (If rural, give location) 508 E. Clara St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 508 E. Clara St.			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Barney	c. (Last) McMonigle	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1952
-------------------------------------	------------------	--------------------	---------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). Widowed	8. DATE OF BIRTH July 3, 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Hours 14
-------------	------------------------	--	-------------------------------	------------------------------------	--------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Lead & Zinc Miner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Clair County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	--	-------------------------------------

13a. FATHER'S NAME Barney McMonigle	13b. MOTHER'S MAIDEN NAME Cynthia Weir	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

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.	17. INFORMANT'S SIGNATURE OR NAME E.R. Kepple	ADDRESS 202 W. Hannum St. Cartersville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis Cirrhosis of Liver			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 493X	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) 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 4-15-49, 19, to 12-17-52, 19, that I last saw the deceased alive on 12-17-52, 19, and that death occurred at 7:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE <i>W. J. Forbes</i>	(Degree or title) D.O.	23b. ADDRESS Webb City, Missouri	23c. DATE SIGNED 12-18-52
---------------------------------------	------------------------	-------------------------------------	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-19-52	24c. NAME OF CEMETERY OR CREMATORY Cartersville Cemetery	24d. LOCATION (City, town, or county) (State) Cartersville, Mo.
---	-----------------------	---	--

DATE REC'D BY LOCAL REG. 12/19 '52	REGISTRAR'S SIGNATURE Mrs. Madeline Sinter	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson	ADDRESS Webb City, Mo
---------------------------------------	---	--	--------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

190
1

RECEIVED 12-22-52
Jasper County Health Office

County File Number 52/12/1001
Date Filed 12-22-52

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 *Jack C. Simpson*

Licensed Embalmer No. *4647*

P. O. Address *Webb 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.