

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24984

State File No. ....

BIRTH NO. JUL 24 1953 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3385

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>			
b. CITY OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>2 1/2 wks.</b>		c. CITY OR TOWN <b>Lenexa</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>12318 West 75th St.</b>			
3. NAME OF DECEASED (Type or Print) <b>EDGAR GRAY McMONIGLE</b>			a. (First) <b>EDGAR</b> b. (Middle) <b>GRAY</b> c. (Last) <b>McMONIGLE</b>			4. DATE OF DEATH <b>July 7, 1953</b> (Month) (Day) (Year)	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 20, 1900</b>	
9. AGE (in years last birthday) <b>52</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assistant Vice-Pres. Commerce Trust Co.</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>Edgar A. McMonigle</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Gray</b>			14. NAME OF HUSBAND OR WIFE <b>Zoa McMonigle</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>486-07-6224</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Zoa McMonigle</b> ADDRESS <b>28 Warner Pl., K.C.MO.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphosarcoma</b>  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.					INTERVAL BETWEEN ONSET AND DEATH  <b>2001</b>
19a. DATE OF OPERATION <b>5/15/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Lymphosarcoma of mediastinum</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>5/12</b> , 19 <b>53</b> , to <b>7/7</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>7/7</b> , 19 <b>53</b> , and that death occurred at <b>11:15A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>J. S. Cope</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Kansas City, Mo</b>		23c. DATE SIGNED <b>7/7/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>July 9, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shawnee</b>		24d. LOCATION (City, town, or county) (State) <b>Shawnee, Kansas</b>		
DATE REC'D BY LOCAL REG. <b>7-7-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b>		ADDRESS <b>K.C.MO.</b>	

Loss. Hunt, Communist Case  
1612 Prof. Body. Vi 4624

until 5:00 today.

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.....  
Signature of Student Embalmer

Signed *Gerald A. Burger*.....

Licensed Embalmer No. *4763*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.