

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25423**

FILED AUG 12 1953

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 112

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 town or township)

Cartersville

c. LENGTH OF STAY (In this place) (Specify town)

5 Months

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Cartersville

0490

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

312 N. Tenn. St.

d. STREET ADDRESS (If rural, give location)

312 N. Tenn. St.

0

3. NAME OF DECEASED (Type or Print)

Patsy

a. (First)

b. (Middle)

c. (Last)

Monhart

4. DATE OF DEATH

(Month)

(Day)

(Year)

July 31, 1953

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 20, 1872

9. AGE (In years last birthday)

38

IF UNDER 1 YEAR

6 Months

IF UNDER 24 HRS.

11 Hours

IF UNDER 60 MIN.

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Franklin, Co. Mo.

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Thomas Summers

13b. MOTHER'S MAIDEN NAME

Margaret Carson

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 ADDRESS

Julia Monhart, Webb City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

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.

MEDICAL CERTIFICATION

Lobar Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

490X

20. AUTOPSY?

YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1953 to July 19, 1953, that I last saw the deceased alive on July 19, 1953, and that death occurred at 12:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE

E. E. Covert

(Degree or title)

M.D.

23b. ADDRESS

Frisco Building, Joplin, Mo.

23c. DATE SIGNED

8-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

8-3-53

24c. NAME OF CEMETERY OR CREMATORY

Forest Park Cemetery

24d. LOCATION (City, town, or county)

Joplin, Mo.

DATE REC'D BY LOCAL REG.

8-2-53

REGISTRAR'S SIGNATURE

Mrs. Madeline S. Switzer

25. FUNERAL DIRECTOR'S SIGNATURE

Johnston-Arnice-Simpson

ADDRESS

Webb City, Mo.

490

RECEIVED AUG 11 1953

County Health Office

File Number 655
Date AUG 11 1953

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. 4463

P. O. Address _____

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.