

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Dr. Matthews

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 325

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|---|--|--|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u> | | c. LENGTH OF STAY (in this place) <u>80yrs</u> | c. CITY OR TOWN <u>Jefferson City</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>408 Woodlawn</u> | | • STREET ADDRESS (If rural, give location) <u>408 Woodlawn</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Katharine</u> | | b. (Middle) | | c. (Last) <u>Monnig</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 26 1954</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u> | | 8. DATE OF BIRTH <u>May-2-1866</u> | | 9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Joseph Stampfli</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kolkmeier</u> | | 14. NAME OF HUSBAND OR WIFE <u>Hugo Monnig</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Antoinette Grant, Jefferson City, 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Cerebral Thrombi</u> | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>Indeterminate</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> | | |
| | DUE TO (c) | | |
| 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 | | 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) | | 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 9-14, 1954, to 11-26, 1954, that I last saw the deceased alive on 11-26, 1954, and that death occurred at 6:30pm., from the causes and on the date stated above.

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|---|--|------------------------------------|--|-------------------------------------|--|
| 23a. SIGNATURE <u>John D. Lathauer, MD</u> | | 23b. ADDRESS <u>425 Madison</u> | | 23c. DATE SIGNED <u>11-30-54</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11/29/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u> | |
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| DATE REC'D BY LOCAL REG. <u>Nov. 30 - 1954</u> | | REGISTRAR'S SIGNATURE <u>R.P. Harris, MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John & Gordon Jefferson City, Mo</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 24 1955

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 *Shirley J. Gordon*

Licensed Embalmer No. *1786*
P. O. Address *Jeff City*

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.