

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20815

State File No. ....

FILED JUN 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4496 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbyville</u>		c. CITY OR TOWN <u>Shelbyville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>1028</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant Hill Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sue</u> b. (Middle) <u>Monckton</u> c. (Last) <u>Monckton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>November 28, 1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u> Hours <u>    </u> Min. <u>    </u>
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>Same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Newton, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Joseph Matson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Charles James Monckton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>    </u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Verna McMann St. Paul, Minn.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerative changes in cardiac disease with arrhythmic fibrillations</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>    </u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>		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 Sept 28, 1954 to June 11, 1955, that I last saw the deceased alive on June 10, 1955, and that death occurred at 10:25 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. C. Archie M.D.</u>		23b. ADDRESS <u>Shelbyville Mo</u>		23c. DATE SIGNED <u>6-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 13, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Cemetery</u>	
		24d. LOCATION (City, town, or county) <u>Hannibal, Missouri</u>		(State)	

DATE REC'D BY LOCAL REG. <u>6-14-55</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Hannibal, Missouri</u>	
		ADDRESS <u>Hannibal, Missouri</u>			

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

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision:.

Student.....  
Signature of Student Embalmer

Signed.....  
*John S. Ward*

Licensed Embalmer No...<sup>4</sup>.....

P. O. Address.....  
*Hannibal*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
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.