No. 300
10.48

FILED AUG 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23245

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 120

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

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ft. Leonard Wood, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Pennsylvania
b. COUNTY: unknown
c. CITY OR TOWN: Franklin
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 89 Prospect

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3. NAME OF DECEASED (Type or Print)
a. (First): Joan
b. (Middle): Monaco
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 8/4/55

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Feb. 1, 1926
9. AGE (In years last birthday): 29 — 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): unknown
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Franklin Pa
12. CITIZEN OF WHAT COUNTRY?: —

13a. FATHER'S NAME: John Monaco
13b. MOTHER'S MAIDEN NAME: Sylvia M cCarra
14. NAME OF HUSBAND OR WIFE: none

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.: unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Brooks Payne St. Louis, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

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

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) crushing injuries result
DUE TO (c) plane crash

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Ft. Wood
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ft. Wood 085 Pulaski Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 4 55 1233P
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Airplane Crash

22. *I hereby certify that I attended the deceased from* ~~Aug. 4, 1955~~, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* ~~12:33~~ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): County Coroner B J Hedges
23b. ADDRESS: Richland, Missouri
23c. DATE SIGNED: 8/7/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/7/55
24c. NAME OF CEMETERY OR CREMATORY: UNKNOWN
24d. LOCATION (City, town, or county) (State): Franklin, Pa

DATE REC'D BY LOCAL REG.: 8-7-55
REGISTRAR'S SIGNATURE: Eula Ione Anderson 458
25. FUNERAL DIRECTOR'S SIGNATURE: Walter P. Hedges
ADDRESS: Hedges Funeral Home Crocker Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 8-7-55

File Number

Health Office

8-7-55

JAN 26 1956

MAY 28 1957

AUG 26 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Walter P. Hayes

Licensed Embalmer No. 426

P. O. Address Iberia, M

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