

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35231**

FILED SEP 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monett</b>		c. CITY OR TOWN <b>Monett</b>	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) <b>18 Yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>310 7th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>310 7th St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRITZ</b> b. (Middle) <b>JOSEPH</b> c. (Last) <b>MOENNIGHOFF</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 7, 1955</b>		
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>June 22, 1881</b>	9. AGE (In years last birthday) <b>74</b>	10. MONTHS <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Medical Doctor</b>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Peoria, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Joseph Moennighoff</b>	13b. MOTHER'S MAIDEN NAME <b>Hertha Studer</b>	14. NAME OF HUSBAND OR WIFE <b>Alfreda M. Vogel</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alfreda Moennighoff</b>	ADDRESS <b>Monett.</b>
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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) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b> <b>4 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchopneumonia</b>		
	DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>191X</b>
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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 2-10, 1952, to 9-7-55, 1955, that I last saw the deceased alive on 9-7-55, 1955, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank R. ...</b>	(Degree or title) <b>C</b>	23b. ADDRESS <b>Monett Mo</b>	23c. DATE SIGNED <b>9-9-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/10/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9-9-55</b>	REGISTRAR'S SIGNATURE <b>Mrs. P.N. Cook</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. R. Buchanan</b>	ADDRESS <b>Monett, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 953 - 326

DATE REC. 9-12-55

SEP 16 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 J. D. Buchanan

Licensed Embalmer No. 319

P. O. Address Monett

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.