

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14350

FILED MAY 14 1956

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>129</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ST. CHARLES</u>			
b. CITY OR TOWN <u>ST. CHARLES</u>		c. LENGTH OF STAY (in this place) <u>3 YRS</u>		c. CITY OR TOWN <u>ST. CHARLES</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>340 N. MAIN</u>				e. STREET ADDRESS (If rural, give location) <u>343 N. MAIN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>HAYES</u> c. (Last) <u>MONROE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5 1956</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MAY 2, 1895</u>		9. AGE (In years last birthday) <u>61</u>	MONTHS <u>1</u>	DAYS <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>HAWK POINT MO.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JOHN H. MONROE</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET PRESLEY</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES WW1</u>		16. SOCIAL SECURITY NO. <u>490 14 5731</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE MONROE</u>		ADDRESS <u>ST. CHARLES</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion &amp; thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular fibrillation</u>				<u>1 1/2 yrs</u>			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive Heart Failure Gen. arterio sclerosis</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPTSY <u>4201</u>		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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>9-18-1933</u> to <u>5-5-56</u> , that I last saw the deceased alive on <u>4/16/56</u> , and that death occurred at <u>104</u> hrs., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. B. Prinster</u>		(Degree or title) _____		23b. ADDRESS <u>ST. CHARLES, MO</u>		23c. DATE SIGNED <u>MAY 5 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAY 7, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HAWK POINT CAM</u>		24d. LOCATION (City, town, or county) (State) <u>HAWK POINT MO.</u>	
DATE REC'D BY LOCAL REG. <u>May 5 1956</u>		REGISTRAR'S SIGNATURE <u>Fannie Threlkeld</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sh. Charles Mo</u>		ADDRESS <u>PRINSTER-HUGHES FUNERAL HOME</u>	

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

MAY 14 1958

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 *Elton H. Remick*.....

Licensed Embalmer No. *425*.....

P. O. Address *St. Louis*.....

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.