

FILED NOV 13 1956

STANDARD CERTIFICATE OF DEATH

33460

STATE FILE NUMBER

Health,
Welfare
Public
Service

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 328

1. PLACE OF DEATH a. COUNTY Cole, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MORGAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Stover 0 10 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION CHARLES E. Still Osteopathic Hosp. Length of stay in lb 17 days		d. STREET ADDRESS RR # 1 (If outside, give location) No. 1107 N. OF Stover Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Henry William Monsees			4. DATE OF DEATH Nov. 8 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 2 1872
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 0 Day 6	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and State or country) MORGAN County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME HENRY MONSEES	
14. MOTHER'S MAIDEN NAME MATTIE DITTMER		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. NONE		17. INFORMANT Address JOSIE DONKOLTEN STOVER No	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure DUE TO (b) Arteriosclerosis DUE TO (c) 9041 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fracture surgical neck L. femur			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fall in field near home			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. AM? 10/18/56		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) near home (farm)		20f. CITY, TOWN, OR LOCATION Stover COUNTY MO. STATE	
21. I attended the deceased from 10/23/56 to 11/8/56 and last saw her/him alive on 10/8/56 Death occurred at 7:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) K. A. Michael D.O.		22b. ADDRESS Jefferson City	
22c. DATE SIGNED 11/8/56		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE No. 11/1956		23c. NAME OF CEMETERY OR CREMATORY PLYMOUTH CEMETERY	
23d. LOCATION (City, town, or county) MORGAN County Mo		23e. STATE (State) MO.	
24. FUNERAL DIRECTOR J. H. Stevenson Stover Mo		25. DATE RECD. BY LOCAL REG. 10 Nov. 1956	
26. REGISTRAR'S SIGNATURE R. P. Davis, M.D. - M.R.			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

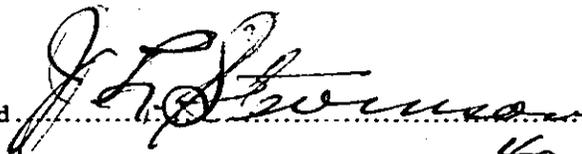
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

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.....


Licensed Embalmer No. 407

P. O. Address Stover

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.