

FILED NOV 5 - 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 86 Primary Registration District No. 4152 Registrar's No. 8-1956

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Mo. b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Neeshurg Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Neeshurg Inside Limits No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS At Home	
Length of stay in lb 90 days.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Arthur Monds			4. DATE OF DEATH 10-29-1956		
5. SEX Male			6. COLOR OR RACE White		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH 8/30/1883		
9. AGE (In years last birthday) 73			10. IF UNDER 1 YEAR Months 1 Days 29 Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of the long life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and state or country) Buffalo, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Wm. Monds		
14. MOTHER'S MAIDEN NAME Lucy Abner			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		
16. SOCIAL SECURITY NO. 495-12-0246			17. INFORMANT Ada Monds, Neeshurg, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH One week		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Thrombosis			2 months		
DUE TO (c) Arteriosclerotic Cardiovascular Disease					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			4221		
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from August 1956 to October 29, 1956 and last saw ^{her} (him) alive on Oct. 28, 1956. Death occurred at 7:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C.E. Canahan (Degree or title) M.D.		22b. ADDRESS Bourbon, Mo.		22c. DATE SIGNED 10-30-56	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-31-1956		23c. NAME OF CEMETERY OR CREMATORY Nea Cemetery		23d. LOCATION (City, town, or county) Neeshurg		23e. (State) Mo.	
24. FUNERAL DIRECTOR Fred A. Shanklin, Cuba, Mo.			25. DATE REC'D. BY LOCAL REG. 10-30-56			26. REGISTRAR'S SIGNATURE Wm. G. Davis, Deputy			

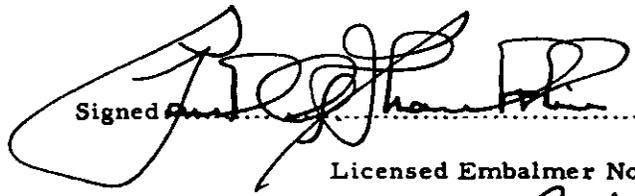
(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service, 300, 1-56, 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.

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. 347

P. O. Address Cuba, M

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.