FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2172

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY OSAGE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRAWFORD TOWNSHIP — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LINN MANOR REST HOME — Length of stay in Ib 2 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY PHELPS
c. CITY OR TOWN NEWBURG, MISSOURI — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROBERT Middle STEELE Last MONROE
4. DATE OF DEATH Month JAN Day 21 Year 1957
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH JUNE 18, 1905
9. AGE (In years last birthday) 51 — 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) Public School Teacher
10b. KIND OF BUSINESS OR INDUSTRY Educations
11. BIRTHPLACE (City and state or country) Osage County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME A. J. MONROE
14. MOTHER'S MAIDEN NAME MARTHA SMITH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW11
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. R. S. Monroe, Linn, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Medullary Paralysis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Edema
DUE TO (c) Astrocytoma

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 193X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-10-56, to 1-21-57 and last saw ~~her~~ him alive on 1-21-57
Death occurred at 8:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas W. Baldwin (Degree or title) D.O.
22b. ADDRESS Linn, Missouri
22c. DATE SIGNED 1/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/24/57
23c. NAME OF CEMETERY OR CREMATORY LINN MEMORIAL PARK
23d. LOCATION (City, town, or county) LINN, MO. (State)

24. FUNERAL DIRECTOR CLYDE MORTON ADDRESS LINN, MO.
25. DATE RECD. BY LOCAL REG. Jan 25-1957
26. REGISTRAR'S SIGNATURE [illegible]

(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

JAN 31 1957

FEB 25 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Vernon Morton

Licensed Embalmer No. 41

P. O. Address Lem

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