

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13729

STATE FILE NUMBER

FILED MAY 6 - 1957

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 21

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

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Holden		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smead Nursing Home			Length of stay in 1b 10 yrs	d. STREET ADDRESS 3rd & Vine Streets			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mary Elizabeth Monkres				First Mary	Middle Elizabeth	Last Monkres	4. DATE OF DEATH April 30, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 27, 1859		9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Grayson Co., Kentucky		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Isaac T. Moxley				14. MOTHER'S MAIDEN NAME Ellen Godsey				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Dau: Mrs. Cora Frye, Holden, 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) Cardio-Vascular Renal Disease							INTERVAL BETWEEN ONSET AND DEATH 10 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____								
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 442x							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 3-18-57 to 4-30-57 and last saw her alive on 4-28-57 Death occurred at 3:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE R. W. Jones (Degree or title)				22b. ADDRESS Holden Mo		22c. DATE SIGNED 4-30-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE May 2, 1957	23c. NAME OF CEMETERY OR CREMATORY Centerview Cemetery		23d. LOCATION (City, town, or county) Centerview Mo		(State)		
24. FUNERAL DIRECTOR E. B. CAST HOLDEN MO		ADDRESS Holden Mo	25. DATE RECD. BY LOCAL REG. May 3, 1957		26. REGISTRAR'S SIGNATURE Mrs. G. O. Redford			

(Licensed Embalmer's Statement on Reverse Side)

150

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.....
EBC

Licensed Embalmer No. *4057*

P. O. Address *Holmes, Mo*

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.