

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23990

STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <b>Clay</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Excelsior Springs, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Veterans Administration</b>			Length of stay in lb <b>2 yrs, 2 mos</b>	d. STREET ADDRESS (If outside, give location) <b>6442 S. Kingshighway</b>	
3. NAME OF DECEASED (Type or print) <b>LEO</b>			First <b>F</b>	Middle <b>MONAHAN</b>	Last
4. DATE OF DEATH <b>June 25 1957</b>			Month	Day	Year
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 12, 1908</b>		9. AGE (In years last birthday) <b>48</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stone cutter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Monument Co.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Thomas Monahan</b>			14. MOTHER'S MAIDEN NAME <b>Catherine Fench</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>488 03 4472</b>	17. INFORMANT <b>VA Hospital records</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute pulmonary edema</b>					INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <b>Chronic cor pulmonale and congestive heart failure</b>					
DUE TO (c) <b>Tuberculosis, pulmonary, chr. far adv. active</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>---</b>					19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> NO <input 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.) <b>---</b>		
20c. TIME OF INJURY Hour <b>---</b> Month, Day, Year a. m. <b>---</b> p. m. <b>---</b>					
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.) <b>---</b>	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. <b>VA</b> attended the deceased from <b>April 5, 1955</b> to <b>June 25, 1957</b> Death occurred at <b>10:00</b> p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>F. J. MANTELL, M.D. Acting Pathologist</b>			22b. ADDRESS <b>Excelsior Springs, Mo.</b>		22c. DATE SIGNED <b>6-28-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-28-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>		
24. FUNERAL DIRECTOR <b>Prichard Funeral Home, Inc.</b> <b>Excelsior Springs, Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>7/9/57</b>	26. REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>	

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 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 2  
 0



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 *Ralph Van Landingham*

Licensed Embalmer No. *40*  
*Essex Springs*  
P. O. Address

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