

FILED DEC 18 1957

Registration District No. 175

Primary Registration District No. 5650

Registrar's No. 116

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Christian)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Verona		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Billings		Inside Limits 022 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles S.W of Verona		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3 miles N. E. Billings		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Charles B. Monneyhan			4. DATE OF DEATH Month Day Year Dec. 10, 1957		
5. SEX Male	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 May 16, 1882	9. AGE (In years by birthday) 75	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and state or country) Christian Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME W. M. Monneyhan		13b. MOTHER'S MAIDEN NAME Jane Logan		14. NAME OF HUSBAND OR WIFE Geor Monneyhan, Deceased	
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. ---	17. INFORMANT Address Mrs. George Schmidt, Verona, 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) Congestive Circulatory Failure					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) Prolonged Recumbency Necessitated By Gang- rene of Left Foot.					
DUE TO (c) Arteriosclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a). 4501					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 <input type="checkbox"/> WORK <input type="checkbox"/> 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 Nov. 10, '57 to Dec. 9, '57 and last saw ^{him} alive on Dec. 9, '57 Death occurred at 2:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE F. Avery Wilson, D.O.			22b. ADDRESS Verona, Mo.		22c. DATE SIGNED 12-11-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/11/57	23c. NAME OF CEMETERY OR CREMATORY Wade Chapel Cemetery		23d. LOCATION (City, town, or county). Republic,	(State) Missouri.
24. FUNERAL DIRECTOR Marsh Funeral Service, Aurora, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 12/12/57	26. REGISTRAR'S SIGNATURE Ora McNeil	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.
 Securing the material contribution in the specific manner required by 193.140 MoRS 1949.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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MAR 19 1958

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 Max L. Fawcett

Licensed Embalmer No. 4252

P. O. Address. Wilmington, N.C.

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.