

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1351

STATE FILE NUMBER

Registration District No. 189 Primary Registration District No. 1002 Registrar's No. 146

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1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Charleston				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KEYTESVILLE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL			Length of stay in lb 3 days		d. STREET ADDRESS (If outside, give location) VA Hospital Official Records, K. C. Mo.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGE Middle EDWARD Last MONROE				4. DATE OF DEATH Month January Day 9 Year 1958				
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 7, 1888		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Stone mason		11. BIRTHPLACE (City and state or country) Keytesville, Missouri		12. CITIZEN OF WHAT COUNTRY? J.S.A.	
13a. FATHER'S NAME George Monroe			13b. MOTHER'S MAIDEN NAME Martha Woods			14. NAME OF HUSBAND OR WIFE Pocahantas		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWT			16. SOCIAL SECURITY NO. 488-26-3877A		17. INFORMANT Address VA Hospital Official Records, K. C. 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) Pulmonary congestion and edema; bronchopneumonia							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac hypertrophy and dilatation (cor bovinum)								
DUE TO (c) Hypertensive cardiovascular disease.							11:00+	
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 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.)					
20c. TIME OF INJURY Hour: 9:15 Month: 1 Day: 10 Year: 1958 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 January 6, 1958 to January 9, 1958 and know the cause of death. Death occurred at 9:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE A. J. Williams, M.D.				22b. ADDRESS VA Hospital, Kansas City, Mo.			22c. DATE SIGNED 1-10-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-10-58	23c. NAME OF CEMETERY OR CREMATORY -			23d. LOCATION (City, town, or county) (State) Keytesville Mo.		
24. FUNERAL DIRECTOR Watkins Bros. Fun. Hm. 15th & Benton				25. DATE RECD. BY LOCAL REG. 1-10-58		26. REGISTRAR'S SIGNATURE neva Marshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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2

FEB 10 1958

MAR 17 1958

MAR 14 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 *Bruce R. Watkins*

Licensed Embalmer No. *4500*
P. O. Address *18th & Benton*

- [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.