

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013671

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 56

S. 300
1-57

223

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY COOPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOONVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Boonville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOSEPH		Length of stay in 1b 3 MO	d. STREET ADDRESS (If outside, give location) 1209 MAIN
3. NAME OF DECEASED (Type or print) First JENNIE Middle MAE Last MONROE			4. DATE OF DEATH Month May Day 3 Year 1958
5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV-28-1917
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 40
11. BIRTHPLACE (City and state or country) CENTERVILLE IA		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME JAMES SMITH		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE AARON MONROE
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. 506-24-8767	17. INFORMANT Address BOONVILLE MO AARON MONROE 1209 MAIN ST
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERTENSIVE NEPHROPATHY			INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE			2 YEARS
DUE TO (c) MALIGNANT HYPERTENSION			2 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) ANEMIA			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 441X
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 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from FEB. 4, 1958 to MAY 3, 1958 and last saw her alive on MAY 3, 1958 Death occurred at 3:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Hara, M.D. (Degree or title)		22b. ADDRESS 329 Main St., Boonville, Mo	22c. DATE SIGNED 5/5/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-7-58	23c. NAME OF CEMETERY OR CREMATORY CITY
24. FUNERAL DIRECTOR H. MAY		24. ADDRESS 814 S. PORTER	25. DATE RECD. BY LOCAL REG. 5/6/58
26. REGISTRAR'S SIGNATURE DB Hooper		26. REGISTRAR'S SIGNATURE	

Enclosed Embalmer's Statement on Reverse Side

JUL 24 1958

MAY 14 1958

MAY 25 1959

STATEMENT BY LICENSED EMBALMER

MAY 11 1961

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 Gayett Green

Licensed Embalmer No. 4230

P. O. Address Marshall, 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.