

Health,
& Welfare
Public
Service

S. 300
1-57

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.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014344

STATE FILE NUMBER

1935

FILED MAY 2 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1935

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 118
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Krestwood Med Hosp		Length of stay in lb 50 Yrs	d. STREET ADDRESS (If outside, give location) 1108 Agnes
3. NAME OF DECEASED (Type or print) First Robert Middle Emmet Last Monahan			4. DATE OF DEATH Month April Day 14 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 26 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoisting Engineer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
11a. FATHER'S NAME Thomas Monahan		11b. MOTHER'S MAIDEN NAME Margaret Delaney	11c. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) Yes World War NO 1		16. SOCIAL SECURITY NO. 512-03-5624	17. INFORMANT Address Miss Anna Monahan 1108 Agnes
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 Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio sclerotic heart disease DUE TO (c) Arterio sclerosis			INTERVAL BETWEEN ONSET AND DEATH 39 hr 10 yrs 16 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatic hypertrophy			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 Apr 9-58 to Apr 14-58 and last saw him alive on Apr 14-58 Death occurred at 6:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Daniel F. Hogan M.D.		22b. ADDRESS 801 1/2 W 39th St K.C. Mo	22c. DATE SIGNED 4-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE April 16 1958	23c. NAME OF CEMETERY OR CREMATORY Washington	23d. LOCATION (City, town, or county) (State) Glasgow, Missouri
24. FUNERAL DIRECTOR ADDRESS Mrs C.L. Forster Funeral Home Inc.		25. DATE RECD. BY LOCAL REG. 4-15-58	26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Daniel F. Hogan



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 *John V. Herrick Jr.*
Licensed Embalmer No. *4848*
P. O. Address *P. O. No. 2*

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.