Health, & Welfare Public Service

S. 300 0
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002372
STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sedalia — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bothwell Hosp — Length of stay in 1b: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia 1804 0 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 232 So Ky — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Frank Middle: Monroe Last:
4. DATE OF DEATH: Month: Jan Day: 23 Year: 1959

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept 22, 1873
9. AGE (In years last birthday): 85 — 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): Real Estate & Insurance
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Sedalia Mo 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Thomas Monroe
13b. MOTHER'S MAIDEN NAME: Adelia Stallard
14. NAME OF ~~HUSBAND~~ OR WIFE: Mollie Monroe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495-36-6751
17. INFORMANT: Mollie Monroe — Address: Sedalia Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis Chronic
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension chronic
DUE TO (c) Arterio sclerosis chronic

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fract Hip 1958 - Operated Dup Hernia Jan/59. T.R.R Prostatectomy 1/09

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18) 44 3 HP
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Sept 1957 to Jan 23, 1959 and last saw him alive on Jan 22, 1959. Death occurred at 12:30 pm 1/23/59 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W A Bennewer (Degree or title) MD
22b. ADDRESS: 100 W 16 Sedalia Mo
22c. DATE SIGNED: 1/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 26, 1959
23c. NAME OF CEMETERY OR CREMATORY: Crown Hill
23d. LOCATION (City, town, or county) (State): Sedalia Mo

24. FUNERAL DIRECTOR: O'Laughlin Bros — ADDRESS: Sedalia
25. DATE RECD. BY LOCAL REG.: Jan 26 1959
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 R. G. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia Mo

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.