

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018666

STATE FILE NUMBER
REGISTRAR'S NO. 173

FILED MAY 25 1959 Registration District No. 274 Primary Registration District No.

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Smithton Township</i>		c. CITY OR TOWN <i>Smithton</i>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <i>Route #1</i> ✓		d. STREET ADDRESS (If outside, give location) <i>Route #1</i>	
3. NAME OF DECEASED First Middle Last <i>Joseph Thomas Monsees</i>		4. DATE OF DEATH Month Day Year <i>5-17-1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-6-1876</i>
9. AGE (In years, months, days) <i>83</i>		10. IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <i>Stockman & Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY ✓	
11. BIRTHPLACE (City and state or country) <i>Smithton, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Martin Monsees</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret Kahes</i>	
14. NAME OF HUSBAND OR WIFE <i>Gladys Monsees</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>489-42-5191</i>		17. INFORMANT Address <i>Mrs. Gladys Monsees, Smithton, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause and life for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion & Infarction</i> <i>Atherosclerotic C V disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>4201</i>	
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 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 a.m. p.m. Month, Day, Year			
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 <i>Dec 1954</i> to <i>May 1958</i> and last saw him alive on <i>May 16 1958</i> Death occurred at <i>7:30 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In ink, full name) <i>P. Siegel MD</i>		22b. ADDRESS <i>Smithton, Mo</i>	
22c. DATE SIGNED <i>5/18/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5-19-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Smithton Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Smithton, Pettis, Missouri</i>
24. FUNERAL DIRECTOR <i>Neumeier Funeral Home</i>		25. DATE RECD. BY LOCAL REG. <i>5/18/1959</i>	26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

627 76

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 ... *Richard D. Conn*

Licensed Embalmer No. *4703*
P. O. Address *Lupton, 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.