

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001759

FILED VS JAN 25 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 35 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 15 yrs		c. CITY OR TOWN Kansas City		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			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3413 E. 6th,		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ashby Middle William Last Monger				4. DATE OF DEATH Month 1st Day 1st Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-3-89	9. AGE (last birthday) 70 yrs	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Utility			10b. KIND OF BUSINESS OR INDUSTRY General Construction		11. BIRTHPLACE (City and state or country) Rockington City, Va		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Edward A. Monger			13b. MOTHER'S MAIDEN NAME Elizabeth Downs			14. NAME OF HUSBAND OR WIFE Ollie Monger		
15. WAS DECEASED EVER IN U.S. ARMED-FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 9/18/17 to 6/5/19			16. SOCIAL SECURITY NO. 19281821		17. INFORMANT 3413 E. 6th, Kansas City, Mo Ollie Monger, Wife			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Probable Cerebral Thrombosis								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
DUE TO (b) Cerebral arteriosclerosis								
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tuberculosis of the dorsal spine						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 WORK <input type="checkbox"/> OR 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 July 6, 1959 to January 1, 1960 and last saw him alive on 5:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Don Lewis (Deceased or title)				22b. ADDRESS MD V.A. Hospital, Kansas City, Mo			22c. DATE SIGNED 1-1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-4-1960	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem.			23d. LOCATION (City, town, or county) (State) Kansas City, Mo		
24. FUNERAL DIRECTOR C. N. Blackman & Son Inc. KC, Mo ADDRESS				25. DATE RECD. BY LOCAL REG. 1-4-60		26. REGISTRAR'S SIGNATURE Sever Minshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Dan Lewis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. C. Rine

Licensed Embalmer No. 4879

P. O. Address H. C. M.

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.