

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045409

FILED VS DEC 19 1960

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 207

NDED

1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt Pleasant Township</u>			Length of stay in 1b <u>17</u> hours		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR <u>28th USAF Hospital</u> INSTITUTION <u>Richards-Gebaur AFB, Mo.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>8300 Highland</u>		
3. NAME OF DECEASED (Type or print) First <u>Jeffery</u> Middle <u>Kent</u> Last <u>Monsees</u>				4. DATE OF DEATH Month <u>December</u> Day <u>3</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2 Dec 60</u>	9. AGE (last birthday) <u>--</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours <u>16</u> Min. <u>30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NA</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NA</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13a. FATHER'S NAME <u>Stephen Kent Monsees</u>			13b. MOTHER'S MAIDEN NAME <u>Donna Dean Pennington</u>			14. NAME OF HUSBAND OR WIFE <u>NA</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>NA</u>		17. INFORMANT <u>Donna D. Monsees</u> Address <u>8300 Highland Kansas City, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory collapse</u>							INTERVAL BETWEEN ONSET AND DEATH <u>16 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							Unk	
DUE TO (b) <u>Anoxia</u>							Unk	
DUE TO (c) <u>Possible adrenal failure</u>							Unk	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Omphalocele</u>						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 checked="" type="checkbox"/> NO <input 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"/> 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 <u>2 Dec 60</u> to <u>3 Dec 60</u> and last saw him alive on <u>3 Dec 60</u>								
Death occurred at <u>2:10</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
23a. SIGNATURE <u>Raymond W. Hellweg</u> (Degree or title) <u>RAYMOND W. HELLWEG</u> Capt., USAF, MC				22b. ADDRESS <u>328th USAF Hospital</u> <u>Richards-Gebaur AFB, Mo.</u>			22c. DATE SIGNED <u>3 Dec 60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 6, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>		
24. FUNERAL DIRECTOR <u>1331 Brush Creek Blvd.</u> <u>D.W. Newcomer's Sons, Kansas City, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>Dec-3-1960</u>		26. REGISTRAR'S SIGNATURE <u>Ms Roy Sebee</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Marvin D. Presto

Licensed Embalmer No. 5040

P. O. Address K.C., 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.