

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000779

STATE FILE NUMBER

FILED VS JAN 10 1961

99

Primary Registration District No. Registrar's No. 3

RITE TUB

AMENDED

1. PLACE OF DEATH a. COUNTY De Kalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) Union Star		Length of stay in lb 3 Hrs.	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 440 North 17th.,
3. NAME OF DECEASED (Type or print) First Aubrey Middle G. Last Monk		4. DATE OF DEATH Month Jan. Day 9 Year 1961	
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 1/9/30
9. AGE (last birthday) 31 Yrs		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman		10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Light Co.	11. BIRTHPLACE (City and state or country) Hatfield, Mo., U.S.
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Leaman Monk	
13b. MOTHER'S MAIDEN NAME Anna Hamblen		14. NAME OF HUSBAND OR WIFE Norma Monk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Norma Monk		Address 440 N. 17th St. St. Joseph,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Medullary Failure			INTERVAL BETWEEN ONSET AND DEATH INSTANT
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) TRAUMATIC Accidental Electrocution			INSTANT
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			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 NO	20a. ACCIDENT <input checked="" 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.) Accidental Contact with HI Voltage WIRE	
20c. TIME OF INJURY Hour 10 p.m. Month, Day, Year Jan 9, 1961	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Hi 136 & 169 U.S.		20f. CITY, TOWN, OR LOCATION UNION STAR MO De Kalb MO	COUNTY MO
21. I attended the deceased from Jan 9, 1961 to Jan 9 and last saw him alive on Jan 9th 10A.M. Death occurred at 10:00 A.M. 1-9-61 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ed Huber, D.O.		22b. ADDRESS KING CITY MO	22c. DATE SIGNED 1-10-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 11, 61	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. FUNERAL DIRECTOR ADDRESS E. Clark Funeral Home St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. 1-11-61	26. REGISTRAR'S SIGNATURE Wesley Davidson.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JAN 19 1961

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 Earl A. Clark

Licensed Embalmer No. 4235

P. O. Address St. Joseph 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.