

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009323

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 172

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

FILED APR 4 1961

| | | | |
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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE | | Length of stay in 1b 4 yrs. | c. CITY OR TOWN INDEPENDENCE |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1900 BLUE RIDGE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1900 BLUE RIDGE |
| 3. NAME OF DECEASED (Type or print) First IDA Middle H. Last MONSEES | | 4. DATE OF DEATH Month MARCH Day 29 Year 1961 | |

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| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-11-1885 | 9. AGE (last birthday) 75 | 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) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC | 11. BIRTHPLACE (City and state or country) COLE COUNTY, MO. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME ERNEST FISCHER | | 13b. MOTHER'S MAIDEN NAME ROSINE PROBST | | 14. NAME OF HUSBAND OR WIFE JOHN MONSEES - dec'd. | |
| 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. NONE | | 17. INFORMANT Address Mrs. Leiba S. Schultz, 1900 Blue Ridge, Indep | |

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| 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) myocardial infarction | | | immediate |
| DUE TO (b) arteriosclerotic heart disease | | | unknown |
| DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Partial hemiplegia Right | | | 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 |

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| 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.) |
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| 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 checked="" 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 |
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21. I attended the deceased from April 1960 to Present and last saw him live on 3/17/61
Death occurred at 8:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>E.H. Holden</i> | 22b. ADDRESS Independence Mo | 22c. DATE SIGNED 3/29/61 |
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|---|-----------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 3-29-61 | 23c. NAME OF CEMETERY OR CREMATORY EMANUEL LUTHERAN CEM. | 23d. LOCATION (City, town, or county) LINCOLN, MISSOURI |
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| 24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 3-29-61 | 26. REGISTRAR'S SIGNATURE <i>Alta L. Craig</i> |
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APR 14 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

Leroy J Tyler

Licensed Embalmer No. 4941

P. O. Address Indianapolis

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.