

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045864

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>RURAL ELM Twp</u>		c. CITY OR TOWN <u>RURAL-ELM Twp</u>	
Length of stay in lb <u>2 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WORTHINGTON</u>		d. STREET ADDRESS (If outside, give location) <u>WORTHINGTON</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>EDWARD</u> Last <u>MONROE</u>			4. DATE OF DEATH Month <u>DEC</u> Day <u>21</u> Year <u>1961</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-22-85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNIONVILLE</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>
10c. CITIZEN OF WHAT COUNTRY <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Monroe</u>		13b. MOTHER'S MAIDEN NAME <u>AKKA VALENTINE</u>	
14. NAME OF HUSBAND OR WIFE <u>VIBE MONROE</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>NONE</u>	
17. INFORMANT <u>BERTHA NALLY - LUDOKIA, MO</u>		Address	
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>Medullary Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Cerebral Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> <u>6 hrs.</u> <u>10 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition shown in PART I (e) <u>Atherosclerosis</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 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"/> 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>8/23/59</u> to <u>12/21/61</u> and last saw him alive on <u>12/12/61</u> Death occurred at <u>6:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>Marshall W. P. [Signature]</u>		22b. ADDRESS <u>Queen City Mo</u>	22c. DATE SIGNED <u>12-22-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>12-23-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ROSE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>Putnam Co Mo</u>
24. FUNERAL DIRECTOR <u>FD Husted & Son - Unionville Mo</u>	ADDRESS <u>12-23-61</u>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Marshall W. P. [Signature]</u>

DATE AWARDED

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MEDICAL CERTIFICATION

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 Marl E. Husted

Licensed Embalmer No. 3304

P. O. Address Amosville

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.