

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-006212

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 342

AMENDED

FILED MAR 12 1962

1. PLACE OF DEATH
 a. COUNTY Greene
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b 30 mos.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Villa Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Camden
 c. CITY OR TOWN Stoutland Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Main St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Harry W. Monday Feb. 26, 1962

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-30-85 9. AGE (last birthday) 76 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail carrier (retired) 10b. KIND OF BUSINESS OR INDUSTRY Mail Carrier 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Dr. H. P. Monday 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Victoria Monday

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. Victoria Monday, Stoutland, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Shock INTERVAL BETWEEN ONSET AND DEATH 12 hrs
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Presumed acute gastritis with vomiting 24 hrs
 DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis with old Cerebral Thrombosis PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes N. Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 9 PM 2-26-62 to and last saw her him alive on 2-26-62
 Death occurred at 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Daniel L. Dolan M.D. 22b. ADDRESS 609 Cherry - Springfield, Mo 22c. DATE SIGNED 3-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 3-1-62 23c. NAME OF CEMETERY OR CREMATORY Stoutland Cemetery 23d. LOCATION (City, town, or county) (State) Stoutland, Laclede Co., Mo

24. FUNERAL DIRECTOR ADDRESS J. J. Shadel Lebanon, Mo. 25. DATE RECD. BY LOCAL REG. 3-7-62 26. REGISTRAR'S SIGNATURE Effie E. Melton

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

MAR 12 1962

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

Bice M. Abbott

Licensed Embalmer No.

5115

P. O. Address

Springfield, 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.