

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018689

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 765 STATE FILE NUMBER

FILED MAY 21 1962

1. PLACE OF DEATH
 a. COUNTY Greene
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in lb 55 yr.
 c. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Memorial Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Greene
 c. CITY OR TOWN Springfield Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 733 N. Jefferson Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last William Frank Monger 4. DATE OF DEATH Month Day Year May 12 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7-30-1883 9. AGE (last birthday) 78
 # UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Street Dept. 11. BIRTHPLACE (City and state or country) Sparta, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Henry Monger 13b. MOTHER'S MAIDEN NAME Pheobe Jane Mayden 14. NAME OF HUSBAND OR WIFE Minnie Monger (Dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Faye Simmons

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocardial failure
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bundle-branch block
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No 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 _____ a.m. _____ p.m. Month, Day, Year _____

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 May 11, 1962 to May 12, 1962 and last saw him alive on May 12, 1962
 Death occurred at 10:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carl E. Medham MD. 22b. ADDRESS 1355 East Sunshine 22c. DATE SIGNED 5/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-17-62 23c. NAME OF CEMETERY OR CREMATORY Monger Cemetery 23d. LOCATION (City, town, or county) (State) Christian Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Adams & Monger Ozark, Mo 25. DATE RECD. BY LOCAL REG. 5-17-62 26. REGISTRAR'S SIGNATURE Effie E. Melton

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ

BY AFFIDAVIT OF

MAY 22 1962

Permit renewed 5-15-62

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 Eric M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield, 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.