

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035516

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4352 Registrar's No. 65

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED OCT 9 1962</b>	
1. PLACE OF DEATH a. COUNTY <b>Morgan</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Versailles</b> Length of stay in 1b <b>3 years</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home of Leslie Roark</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b> c. CITY OR TOWN <b>Syracuse</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>1 Mile west</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year <b>Sam Daniel Monks</b> <b>October 7th 1962</b>	
5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b> 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> 8. B. DATE OF BIRTH <b>10/25/65</b> 9. AGE (last birthday) <b>96</b> IF UNDER 1 YEAR Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b> 10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b> 11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b> 12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>William R. Monks</b> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ann Barwood</b> 16. SOCIAL SECURITY NO. 17. INFORMANT Address <b>Edgar Monka, Fortuna, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Advanced GENERALIZED ARTERIOSCLEROSIS</b> 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. <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 <b>August 1962</b> to <b>Oct 7 1962</b> and last saw <sup>not</sup> him alive on <b>Oct 7 1962</b> Death occurred at <b>3:00 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Jack Summers</b> (Deputy or title) 23a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b> 23b. DATE <b>Oct. 9. 1962</b> 24. FUNERAL DIRECTOR <b>Jewell E. Richards-Tipton, Missouri</b> ADDRESS	22b. ADDRESS <b>Versailles, Mo.</b> 22c. DATE SIGNED <b>10.8.62</b> 23c. NAME OF CEMETERY OR CREMATORY <b>Syracuse cemetery</b> 23d. LOCATION (City, town, or county) (State) <b>Syracuse, Missouri</b> 25. DATE RECD. BY LOCAL REG. <b>10-8-62</b> 26. REGISTRAR'S SIGNATURE <b>J. L. Wash</b>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

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**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

*James E. Richards*

Licensed Embalmer No. 2466

P. O. Address Lipton, 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.