

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008744

STATE FILE NUMBER

FILED APR 8 1959

Registration District No.

73

Primary Registration District No.

3014

Registrar's No.

49

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Liberty

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

326 S. main

Length of stay in lb

4 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Clay

c. CITY
OR
TOWN

Liberty 6001

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

326 S. main

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ALONZO

MONROE

4. DATE
OF
DEATH

Month

Day

Year

Mar 31-1959

5. SEX

M 2

6. COLOR OR RACE

negro

7. MARRIED ☒ NEVER MARRIED ☐
WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

AUG. 13, 1915

9. AGE (In years
last birthday)

43

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

laborer

10b. KIND OF BUSINESS OR
INDUSTRY

Rock Quarry

11. BIRTHPLACE (City and state or country)

Liberty, Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

ALONZO Monroe

13b. MOTHER'S MAIDEN NAME

AMY Alexander

14. NAME OF HUSBAND OR WIFE

Hazel Monroe

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.

17. INFORMANT

Address

Hazel Monroe Liberty, 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)

Cerebral hemorrhage

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertension

DUE TO (c)

331X

INTERVAL BETWEEN
ONSET AND DEATH

8-10 Yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 ☐ NOT WHILE
WORK ☐ 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
Death occurred at

Nov-1-1954

, to

and last saw her
him alive on

Mar-30-1959

22a. SIGNATURE (Degree or title)

Clyde M. Smith M.D.

22b. ADDRESS

Liberty, Mo.

22c. DATE SIGNED

3-31-1959

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Apr. 3, 1959

23c. NAME OF CEMETERY OR CREMATORY

Fairview Cemetery

23d. LOCATION (City, town, or county)

Liberty, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Prucha-Orlov Co. Liberty, Mo.

25. DATE RECD. BY LOCAL REG.

4-4-59

26. REGISTRAR'S SIGNATURE

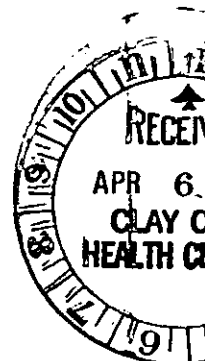
Hazel Graham

(License and Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.