

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17528
Registrar's No. 4517

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003

1. PLACE OF DEATH a. COUNTY <u>St Louis</u> <u>35 days</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St Louis</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett, MO</u>	
c. LENGTH OF STAY (in this place) <u>35 days</u>		d. STREET ADDRESS (If rural, give location) <u>N.W. 507 Trisco</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trisco Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Earl</u> c. (Last) <u>Monroe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 21 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 21 1885</u>		9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
11. IF OVER 1 YEAR Hours <u>0</u> Min. <u>0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trisco Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Conductor</u>	
11. BIRTHPLACE (State or foreign country) <u>Lads Mill Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Thomas Monroe</u>		13b. MOTHER'S MAIDEN NAME <u>Josphine McPherson</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Monroe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, in or out of service) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-03-5922</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs JE Monroe</u> ADDRESS <u>Monett, Mo</u>	

18. CAUSE OF DEATH Enter only cause per line for (a), (b), and (c) <u>Adeno Carcinoma of pancreas</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno Carcinoma of pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complications which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>Known</u> <u>11 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obstructive jaundice</u>				<u>1 1/2 yrs</u>	

19a. DATE OF OPERATION <u>5-9-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Pancreas</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4609</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1-5-78</u>	

22. I hereby certify that I attended the deceased from 4-14-1949 to 5-21-1949, that I last saw the deceased alive on 5-20-1949, and that death occurred at 12:43 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur P. Dalton M.D.</u>		23b. ADDRESS <u>4960 Laclede St. Mo.</u>		23c. DATE SIGNED <u>5/21/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 24 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Fellow Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Monett MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Lancaster</u> ADDRESS <u>Bennett-Wormington, Monett, Mo.</u>			
DATE RECD BY LOCAL REG. <u>MAY 22 1949</u>		REGISTRAR'S SIGNATURE			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Added 5.5. No. by reg. secy

JUN 7 1945

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
Student Embalmer

Signed Elmer A. Sadwell

Licensed Embalmer No. 4077

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.