

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15946**

BIRTH NO.		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>647</b>										
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>												
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>3 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		<b>0117</b>										
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>813 So. 8th Street</b>				d. STREET ADDRESS (If rural, give location) <b>813 S. 8th Street</b>												
3. NAME OF DECEASED (Type or Print) a. (First) <b>Patricia</b>			b. (Middle) <b>Ann</b>		c. (Last) <b>Monical</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 31, 1950</b>									
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>May 15, 1947</b>	9. AGE (In years last birthday) <b>3</b>	<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 1 YEAR</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> </tr> <tr> <td></td> <td></td> <td>Min.</td> </tr> </table>		IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR	Months	Days	Hours			Min.
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Months	Days	Hours														
		Min.														
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Child</b>		11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>										
13a. FATHER'S NAME <b>Robert Wm. Monical</b>			13b. MOTHER'S MAIDEN NAME <b>Helen Lewis</b>		14. NAME OF HUSBAND OR WIFE <b>None.</b>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>*****</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Helen Monical St. Joseph, Mo.</b>												
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cerebro-Spinal Meningitis</b>  ANTECEDENT CAUSES DUE TO (b) <b>Meningitis</b> DUE TO (c) <b>Girl died after fifteen hours of sickness, with symptoms of meningitis.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>1 day.</b>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)												
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>0570</b>												
22. I hereby certify that I attended the deceased from <b>on 5/31, 1950</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:45 a.m.</b> , from the causes and on the date stated above.																
23a. SIGNATURE (Degree or title) <b>H. F. Mundy M.D. (Coroner)</b>				23b. ADDRESS <b>St. Joseph Mo</b>		23c. DATE SIGNED <b>5/31/50</b>										
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 1, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Public Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>										
DATE REC'D BY LOCAL REG. <b>June 2, 1950</b>		REGISTRAR'S SIGNATURE <b>H. C. Jenkins</b>		GENERAL DIRECTOR'S SIGNATURE <b>Walter Newkirk</b>		ADDRESS <b>1946 Colhoun St. St. Joseph, Mo.</b>										

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed *Elmer C. Harrington*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.