

LEB MAR 5 1952

# STANDARD CERTIFICATE OF DEATH

State File No. **2091**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **36** PRIMARY REG. DIST. NO. **6234** Registrar's No. **14**

1090

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Bridgport</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>McKurtick 1090</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>Rural 4 East McKurtick</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>JENNIE</b>	a. (First)	b. (Middle) <b>MONNIE</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 19 52</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 25 1868</b>	9. AGE (In years last birthday) 84 if UNDER 1 YEAR: Months Days if UNDER 24 HRS: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>England 4</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Tom Tinsley</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Paul Monnie</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Glen Monnie Wood... D.C.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF STOMACH</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 MO.</b>
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>151X</b>
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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?
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22. I hereby certify that I attended the deceased from **2-19**, 19**52**, to **2-19**, 19**52**, that I last saw the deceased alive on **2-19-52**, 19**52**, and that death occurred at **6:30P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Carol T. Shaw MD</b>	23b. ADDRESS <b>Hermann, Mo</b>	23c. DATE SIGNED <b>2-21-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 22 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Patrick</b>	24d. LOCATION (City, town, or county) (State) <b>Jonesburg Mo</b>
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DATE REC'D BY LOCAL REG. <b>2-23-52</b>	REGISTRAR'S SIGNATURE <b>Floyd Logan</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Leal Darling Jonesburg Mo</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

DEC 1 1952  
NOV 26 1952

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed Carl S. Gardner

Licensed Embalmer No. 4115

P. O. Address Jonesburg 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.