

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25023**
3463

FILED JUL 28 1953

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3508	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kansas City Gen'l Hosp				d. STREET ADDRESS (If rural, give location) 3533 Locust			
3. NAME OF DECEASED (Type or Print) DORIS		a. (First) M.		b. (Middle) MONARCH		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 7-11-53		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH 12-4-1927		9. AGE (In years last birthday) 26 15		IF UNDER 1 YEAR Months Days		IF UNDER 1 RES. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) airline hostess		10b. KIND OF BUSINESS OR INDUSTRY T. W. A.		11. BIRTHPLACE (City and State or Foreign Country) Amarello Texas		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME R. R. Monarch		13b. MOTHER'S MAIDEN NAME Edith Dagnes		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. e		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lee Detrick			
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) Stroke & Hemorrhage resulting from multiple skull fracture ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) + sub clural Hemorrhage DUE TO (c) + sub clural Hemorrhage II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH E 8194	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kansas City Jackson Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-11-53 12:40 AM	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? car struck safety zone					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE GEO. C. Kealhofer				23b. ADDRESS 4050 Broadway C Mo		23c. DATE SIGNED 7-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-12-53		24c. NAME OF CEMETERY OR CREMATORY Amarello Texas		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 7-11-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Dean J. Fogelstad S. C. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *John R. Bidmon*

Licensed Embalmer No. *4531*

P. O. Address: *Kansas City, 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.