

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9966
State File No.
2511
Registrar's No.

FILED MAR 31 1955

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2511		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ Mo.				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>5yrs</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 6239 Rosebury</u>				STREET ADDRESS (If rural, give location) <u>5 6239 Rosebury</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Monagin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 19, 1955</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 7, 1877</u>		
9. AGE (In years last birthday) <u>77yrs</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wallace Furgason</u>			13b. MOTHER'S MAIDEN NAME <u>Blowers</u>			14. NAME OF HUSBAND OR WIFE <u>Edw. G. Monagin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. K. Rothfuss 6239 Rosebury</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebr. thrombosis (Embolic)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension; Arteriosclerosis</u> DUE TO (c) <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6-8 hrs</u> <u>5 yrs</u> <u>2-3 yrs</u>		
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? <u>443X</u>				
22. I hereby certify that I attended the deceased from <u>Feb. 5, 1953</u> , to <u>Mar 19, 1955</u> , that I last saw the deceased alive on <u>Mar. 18, 1955</u> , and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Joseph P. Mackey</u> (Degree or title) _____				23b. ADDRESS <u>M.D. 745 No. Theatre Bldg</u>		23c. DATE SIGNED <u>3/19/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>March 19, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brooklyn, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brooklyn, Mich.</u>		
DATE RECD BY LOCAL REG. <u>MAR 19 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gleason & Sons 6175 Delmar</u>				

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

Dr J R Mackay
1303 N Kingshighway
Fo 7-1209
0120635
Mo Theatre Bldg

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 *Jos. E. McCulloch*

Licensed Embalmer No. *276*

P. O. Address *6170 Pl.*

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.