

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30217**

FILED SEP 21 1955

BIRTH NO. _____ REG. DIST. NO. **225** PRIMARY REG. DIST. NO. **5797** Registrar's No. **14**

1. PLACE OF DEATH
a. COUNTY **Moniteau**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Moniteau**

b. CITY (If outside corporate limits, write RURAL and give town) **Rural, Willow Fork**

c. LENGTH OF STAY (in this place) **10 yrs**

c. CITY OR TOWN **Fortuna**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **12 miles S. Tipton**

e. STREET ADDRESS (If rural, give location) **12 Miles S. Tipton** *0680*

3. NAME OF DECEASED
a. (First) **Mary** b. (Middle) **Fidelia** c. (Last) **Monks**

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 9, 1955

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **Aug. 29, 1869**

9. AGE (In years last birthday) **85** 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) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Home**

11. BIRTHPLACE (City and State or Foreign Country) **Moniteau County, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Sponsler**

13b. MOTHER'S MAIDEN NAME **Malesia Douglass**

14. NAME OF HUSBAND OR WIFE **W.R. Monks (deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Elmer Foley, Fortuna, Mo

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Thrombosis**
INTERVAL BETWEEN ONSET AND DEATH **3 months**
ANTECEDENT CAUSES **Advanced arteriosclerosis** DUE TO (b) **10 years**
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.

20. AUTOPSY? YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **332X**

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July, 1955** to **Sept, 1955**, that I last saw the deceased alive on **August 19, 55** and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Jack Gunn MD** (Degree or title)

23b. ADDRESS **Parisilles, Mo**

23c. DATE SIGNED **9.12.55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Sept. 11, 1955**

24c. NAME OF CEMETERY OR CREMATORY **I.O.O.F.**

24d. LOCATION (City, town, or county) (State) **Tipton, Mo**

DATE REC'D BY LOCAL REG. **Sept. 14-55**

REGISTRAR'S SIGNATURE **Mrs. Maude Hudson**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **E. Richardson TIPTON**

MO

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.....
Signature of Student Embalmer

Signed *James E. Richards*
Licensed Embalmer No. *246*
P. O. Address *Lipton,*

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.