

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14109

State File No.

FILED MAY 14 1956

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Neosho	c. LENGTH OF STAY (In this place) 10 da	c. CITY OR TOWN Granby	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hospital		e. STREET ADDRESS (If rural, give location) Rt. #1	

3. NAME OF DECEASED (Type or Print) a. (First) Fred	b. (Middle) Henry	c. (Last) Monter	4. DATE OF DEATH (Month) (Day) (Year) May 6 1956
--	-----------------------------	----------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-25-1867	9. AGE (In years last birthday) Months Days Hours Min. 88
-----------------------	----------------------------------	--	--------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Wahrendorf, Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	---

13a. FATHER'S NAME Karl Heinrich Moenter	13b. MOTHER'S MAIDEN NAME Eliza Engel	14. NAME OF HUSBAND OR WIFE Caara Mae Monter
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. McGregor Granby, Missouri
---	--	--

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		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerosis, Generalized		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 4500	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from 3-7, 1954, to 5-6, 1956, that I last saw the deceased alive on 5-6, 1956 and that death occurred at 7⁴⁵ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. B. Hertz M.D.	23b. ADDRESS Neosho Mo.	23c. DATE SIGNED 5-7-56
---	-----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-7-1956	24c. NAME OF CEMETERY OR CREMATORY Edmond Cemetery	24d. LOCATION (City, town, or county) (State) Edmond, Oklahoma
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. 5-7-56	REGISTRAR'S SIGNATURE Melven C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Flay E. Skennelb Granby Mo
---	--	---

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

RECEIVED
District Health Officer No. *Neelman*
District File Number *5-6-66*
Date Filled *1958*

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 *Floyd E. Skowbe*

Licensed Embalmer No. *492*
Box *52*
P. O. Address *Granby, 7*

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.