

STANDARD CERTIFICATE OF DEATH

43337  
STATE FILE NUMBER

FILED DEC 10 1957

Registration District No. 374 Primary Registration District No. 6275 Registrar's No. 2

V. S. 300  
Rev. 1-57

securing the medical certification in the specific manner required by 193.140 MoRS 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Worth</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Smith Township 6275</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Smith Sownship 1130</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <b>Life</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Andrew</b> Last <b>Monday</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>28,</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 22, 1883</b>	9. AGE (In years last birthday) <b>74</b>	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) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>	11. BIRTHPLACE (City and state or country) <b>Near Allendale, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>William Albert Monday</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Jane Neal</b>		14. NAME OF HUSBAND OR WIFE <b>Cora Monday</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Cora Monday - Grant City, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>None</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.(a) <b>4201</b>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>3:30 pm</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Frank B Matteson M.D., Coroner</b>			22b. ADDRESS <b>Grant City, Missouri</b>		22c. DATE SIGNED <b>12-2-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>Dec. 1 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Kirk Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Worth County, Missouri</b>
24. FUNERAL DIRECTOR <b>Bill A. Dunfee</b>		ADDRESS <b>Grant City</b>	25. DATE RECD. BY LOCAL REG. <b>Dec. 2. 1957</b>	26. REGISTRAR'S SIGNATURE <b>Kate E. Dawson</b>	

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(Licensed Embalmer's Statement on Reverse Side)

**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 Bill A. Dunfee .....

Licensed Embalmer No. 4908 .....

P. O. Address Grant City, TN .....

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.