

JRI, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007703

FILED VS FEB 19 1960

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 5056-42 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOBERLY</u>		Length of stay in 1b <u>4 1/2 HRS.</u>		c. CITY OR TOWN <u>PARIS, MO.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COMMUNITY HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>W. LOCUST ST.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>S</u> Last <u>MONSON</u>			4. DATE OF DEATH Month <u>FEB.</u> Day <u>9</u> Year <u>1960</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>9-24/82</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u>	IF UNDER 24 HR Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM LABOR</u>		11. BIRTHPLACE (City and state or country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE F. MONSON</u>			13b. MOTHER'S MAIDEN NAME <u>VIRGINIA D. UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LILLIE OSHAY MONSON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I</u>		16. SOCIAL SECURITY NO. <u>491-01-3175A</u>		17. INFORMANT <u>Archie V. Monson Maplewood Mrs.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral apoplexy -</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause (last). DUE TO (b) <u>pneumonia</u> DUE TO (c) <u>arterio-sclerosis of aorta</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>In Community Menatic Hospital, Moberly, Mo 3 hrs</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH <u>N.T</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <u>-</u> Month, Day, Year <u>-</u>		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 <u>9 AM to 6 PM</u> to <u>FEB. 9/60</u> and last saw <u>her</u> him alive on <u>FEB. 9, 1960</u>				Death occurred at <u>7:15 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Vallis G. Christman D.O.</u>			22b. ADDRESS <u>Paris, Mo</u>			22c. DATE SIGNED <u>2-10-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2/11/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		23d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>			
24. FUNERAL DIRECTOR <u>E. H. AGNEW</u>		ADDRESS <u>PARIS, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>2-11-60</u>		26. REGISTRAR'S SIGNATURE <u>Leah Wallace</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000
P. O. Address Paris, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.