

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005532
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **133**

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FILED MAR 12 1962

1. PLACE OF DEATH
 a. COUNTY **Boone**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Columbia** Length of stay in 1b _____
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **U.M.M.C.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Howard**
 c. CITY OR TOWN **Fayette** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **316 E. Davis** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Monica Renae Ralph
 4. DATE OF DEATH Month Day Year
March 2, 1962

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **3-1-62** 9. AGE (last birthday) IF UNDER 1 YEAR: Months _____ Days **18** IF UNDER 24 HR: Hours **18** Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) **Fayette, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Monte L. Ralph** 13b. MOTHER'S MAIDEN NAME **Evelyn Anderson** 14. NAME OF HUSBAND OR WIFE **Monte L. Ralph** Address **Fayette Mo 316 E. Davis**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (no) or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Monte L. Ralph**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Massive cerebral hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **18h**
 DUE TO (b) **Possible meningococemia** **13h**
 DUE TO (c) **Pneumonia** **12h**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Cerebral anoxia**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **3-2-62** to **3-2-62** and last saw her/him alive on **3-2-62**
 Death occurred at **3:15** P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Shirley W. Clever, MD** 22b. ADDRESS **UMMC - Columbia Mo** 22c. DATE SIGNED **3-3-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **MAR 3, 1962** 23c. NAME OF CEMETERY OR CREMATORY **FAYETTE CITY** 23d. LOCATION (City, town, or county) (State) **FAYETTE MISSOURI**

24. FUNERAL DIRECTOR **Ralph Q Carr** ADDRESS **Fayette Mo** 25. DATE RECD. BY LOCAL REG. **Mar 3, 1962** 26. REGISTRAR'S SIGNATURE **Mrs R E Palmer**

(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, ^{not.}

~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed William E. Fisher

Licensed Embalmer No. 4870

P. O. Address Fayette 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.