

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-047791

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 152

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 2 1962

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Newton</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Neosho</u> Length of stay in 1b <u>23 yrs.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Newton</u> c. CITY OR TOWN <u>Neosho</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Rt. #1-Box 371</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. #1</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

<b>3. NAME OF DECEASED</b> (Type or print) First <u>JOHN</u> Middle <u>HARRISON</u> Last <u>MONDY</u>	<b>4. DATE OF DEATH</b> Month <u>December</u> Day <u>23</u> Year <u>1962</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>4/6/1875</u>	<b>9. AGE</b> (last birthday) <u>87</u>	<b>IF UNDER 1 YEAR</b> Months <u>    </u> Days <u>    </u>	<b>IF UNDER 24 HR</b> Hours <u>    </u> Min. <u>    </u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Electrical Engineer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Engineer</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Paleska, Ill.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Jasper Mondy</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Susan Rice</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ica M. Mondy</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>17. INFORMANT</b> Address <u>Ida M. Mondy Neosho, Mo.</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Circumstances of the Death</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
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>    </u>
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<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
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<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>20f. CITY, TOWN, OR LOCATION</b> _____ COUNTY _____ STATE _____
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21. I attended the deceased from 12-23-62 to 12-23-62 and last saw him alive on 12-23-62  
 Death occurred at 9:15 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>George C. Olive, M.D.</u>	<b>22b. ADDRESS</b> <u>Neosho, Mo.</u>	<b>22c. DATE SIGNED</b> <u>12-24-62</u>
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<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>12/27/62</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Anadarko Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Anadarko, Oklahoma</u>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Clark Funeral Home Neosho, Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-24-62</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Marydore Belka</u>
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59  
10930  
20730  
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4 0  
5 1  
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7 1  
8 0  
94201H  
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13 6-0

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 \_\_\_\_\_

Licensed Embalmer No. 5056

P. O. Address 312 S. Wood  
Neosho, 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.