

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001311

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 24

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 28 1963

VS 300	DATE AMENDED	
Rev. 4/59		
8425		
8420		
3		
4 1		
5 1		
6		
7 0		
8 0		
9331X	ITEM NO. SHOULD READ	
10		
11		
12 1-0		
13 1-0		
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		
INSTEAD OF		
DOCUMENT		
MEDICAL CERTIFICATION		
BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 13 Days	c. CITY OR TOWN Montrose Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD. # 1, Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARY ESTHER MONROE			4. DATE OF DEATH Month Day Year Jan. 21, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/17/1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 76
11a. FATHER'S NAME Morticia Harrison		11b. MOTHER'S MAIDEN NAME Malinda I. Settles	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Morticia Harrison		14. NAME OF HUSBAND OR WIFE Robert L. Monroe	
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.	17. INFORMANT RFD. # 1, Robert L. Monroe, Montrose, Mo.
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 4 days
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)			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.	Month, Day, Year		
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 1958 to 21 Jan '63 and last saw ^{her} alive on 21 Jan '63 Death occurred at 5:50 A m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh B. Walker, MD		22b. ADDRESS Clinton, Mo.	22c. DATE SIGNED (State) 21 Jan. '63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 24, 1963	23c. NAME OF CEMETERY OR CREMATORY Stone's Chapel Emtery	23d. LOCATION (City, town, or county) Montrose, Mo. Rural
24. FUNERAL DIRECTOR Vansant Funeral Home, Clinton, Mo.		25. DATE RECD. BY LOCAL REG. JAN 21-1963	26. REGISTRAR'S SIGNATURE Mildred Bigum

JUL 8 1963

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 W. J. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.

Permit Obtained 1-21-63 (M.B.)