

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16681

State File No. ....

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| BIRTH NO. ....   |  | REG. DIST. NO. <u>225</u>   |  | PRIMARY REG. DIST. NO. <u>5797</u>   |  | Registrar's No. <u>9</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Moniteau Co</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Willow Fork</u>  |  | c. LENGTH OF STAY (in this place) <u>4 Yrs</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Willow Forks</u>                                       |  |  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R.F.D. #1 Fortuna. MO</u>  |  |   |  | d. STREET ADDRESS (If rural, give location) <u>Fortuna, Mo Rt # 1</u>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Alexander</u>   |  | b. (Middle) <u>Walters</u>  |  | c. (Last) <u>Monks</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 1949</u>                             |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |  | 8. DATE OF BIRTH <u>Aug. 26. 1878</u>  |  |
| 9. AGE (In years) <u>78</u>  |  | 10. IF UNDER 1 YEAR (last birthday) <u>8</u> Months <u>14</u> Days  |  | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 13a. FATHER'S NAME <u>William Monks</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Ann Bawood</u>                                     |  |
| 14. NAME OF HUSBAND OR WIFE <u>Widowed</u>   |  | 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'S SIGNATURE OR NAME <u>Mrs. E. M. Foley</u> ADDRESS <u>Fortuna, Mo</u> |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery thrombosis</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u><br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) <u></u><br>II. OTHER SIGNIFICANT CONDITIONS. <u>4201</u><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>                                      |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>     |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>5-10</u> , 19 <u>49</u> , to <u>5-10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-10</u> , 19 <u>49</u> , and that death occurred at <u>3/30P</u> m., from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE <u>Lewis D. Curtner, M.D.</u> (Degree or title)   |  |   |  | 23b. ADDRESS <u>Versailles, Mo.</u>  |  | 23c. DATE SIGNED <u>5-12-49</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>May 13. 1949</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow Cent.</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Tipton, Mo</u>                      |  |
| DATE REC'D BY LOCAL REG. <u>May 14, 1949</u>   |  | REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl R. Boulton</u> ADDRESS <u>California</u>  |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed  
MAY 23 1949

MAY 24 1949

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 \_\_\_\_\_  
Student Embalmer

Signed *James M. Taley*

Licensed Embalmer No. *4663*

P. O. Address *California, 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 this body is not embalmed, fact should be so stated above.