

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21619
Do not use this space.

REC'D JUL 17 1938

1. PLACE OF DEATH

(a) County Clay Registration District No. 198
 (b) Township Trinity River Primary Registration District No. 3011
 (c) City Exc. Springs (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 79

2. PRINT FULL NAME

(a) Residence, No. Rockville Blvd St. Rockville Ind.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Montgomery
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 - 1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 11 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 FATHER 13. NAME John W. Burchfield
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 MOTHER 15. MAIDEN NAME Mrs. M. S. Miller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 17. INFORMANT (ADDRESS) Hugh Montgomery
Rockville Ind.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Terre Haute Ind. DATE 6-10-38
 19. FUNERAL DIRECTOR (ADDRESS) John C. Grather
Exc. Springs
 20. FILED 6-10- 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10th 1938
 22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ alive on Coroner, 19____. Death is said to have occurred on the date stated above, at 6 a. m.
 The principal cause of death and related causes of importance were as follows:
Coronary Embolism Date of onset 94 B.
 Other contributory causes of importance:
She had an operation for a Pustula (Rectal) June 9th 1938
 Name of operation Rectal Pustula Date of 7-7-38
 What test confirmed diagnosis? History Was there an autopsy? NO
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town; county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) H. R. Young Coroner Clay Co.
 (Address) Liberty Clay County Mo

STATEMENT BY LICENSED EMBALMER

I, John C. Pather

Licensed Embalmer No. 462

hereby certify that the body recorded on the reverse side of this certificate was embalmed by James A. Moles

L. E.

No. 3296

or, by

Registered Apprentice No.

working under my personal supervision.

Signed

James A. Moles

Licensed Embalmer No. 3296

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)