

No. 300
10. 48

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22307

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6168 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Stone</u> 104	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Lincoln"</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Lincoln"</u> 0	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) _____ 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>A.</u> c. (Last) <u>Montgomery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 9 - 1878</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Days <u>5</u> IF UNDER 1 HRS. Hours <u>27</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ark. 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Frank Bowling</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ben Bowling Crane mo</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>4 3/4</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular fibrillation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis & decomp.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 Nov 19 46, to June 8 1949, that I last saw the deceased alive on June 8 1949, and that death occurred at 2 30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wesley P. Hamilton M.D.</u>		23b. ADDRESS <u>Crane Mo</u>		23c. DATE SIGNED <u>6-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6/11/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mass Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Bany Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Henry H. Mauler crane mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-30-49</u>		REGISTRAR'S SIGNATURE <u>Lena Murray - Dip. 317</u>			

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

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RECEIVED

District Health Officer No. 6,
District File Number 749-806
Date Filed 7-11-49

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 George H. Munter

Licensed Embalmer No. 3827

P. O. Address Osage Ave

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.