

FILED JUL 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22461

BIRTH NO. 29656-49 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mexico, Mo.</u>		c. LENGTH OF STAY (In this place) <u>12 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(Rural) Cuivre Township</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>5 mi. S.E. Laddonia, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Ernest</u> c. (Last) <u>Montague</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>July 11, 1949</u>	9. AGE (In years last birthday) <u>14</u>	10. UNDER 1 YEAR Months <u>14</u> Days <u>14</u> Hours <u>14</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Montague</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Fox</u>		14. NAME OF HUSBAND OR WIFE	
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>James Montague</u> ADDRESS <u>Laddonia, Mo.</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Patent Foramen Ovale</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital Malformation</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u> <u>9543</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)		21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from <u>July 11, 1949</u> , to <u>July 12, 1949</u> , that I last saw the deceased alive on <u>July 12, 1949</u> , and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R. B. Boize Doo</u>			23b. ADDRESS <u>Laddonia Mo.</u>		23c. DATE SIGNED <u>7-16-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 13</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laddonia Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 16 1949</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton W. Wilkey</u> ADDRESS <u>Laddonia, Mo.</u>		

RECEIVED JUL 25 1948
District Health Officer No. 10
District File Number 7-49-1295
Date Filed JUL 25 1948

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

working under my personal supervision.

Student John E. Maxwell
Student Embalmer

Student Embalmer No. 252

Signed Clyde Wiley

Licensed Embalmer No. 3820

P. O. Address Perry 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.