

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24510

State File No. ....

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Francis</u>	
b. CITY OR TOWN <u>Flat River, Mo.</u>		c. CITY OR TOWN <u>Flat River, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>213 Federal Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u>		b. (Middle) <u>Joseph</u>	
c. (Last) <u>Montgomery</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 28 - 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White-Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 10 - 1900</u>
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u>18</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Flat River, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Mr. Joseph Covington</u>	
13b. MOTHER'S MAIDEN NAME <u>Mrs. Clara Calvert</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Harvey Wilson Montgomery</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Harold Montgomery, Son</u>		ADDRESS <u>Flat River, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angioma Pectoris</u> INTERVAL BETWEEN ONSET AND DEATH <u>1-2 hr</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic arthritis rather general involving most joints with deformity in hand about 6 years with much deformity.</u> <u>420</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) m.		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>June 1, 1944</u> to <u>June 28, 1949</u> , that I last saw the deceased alive on <u>June 28, 1949</u> , and that death occurred at <u>1230 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. W. Zuppan, D.O.</u>		23b. ADDRESS <u>Flat River, Mo.</u>	
23c. DATE SIGNED <u>7/8/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
b. DATE <u>June 3, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u>		DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <u>289</u> 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alvin W. Hood 303 Cass St. Flat River, Mo.</u>	

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

RECEIVED 7-25-49

District Health Officer No. 4

License File Number 749-983

Expiry Date

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.

Signed *Alvin W. Hood*

Signed Student Embalmer

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat River, 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.