

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

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BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4121 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Billings		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Billings	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) Home	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Walter c. (Last) Montgomery			4. DATE OF DEATH (Month) (Day) (Year) 12 31 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-19-1870
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY --	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John A. Montgomery		13b. MOTHER'S MAIDEN NAME Nancy Murray	14. NAME OF HUSBAND OR WIFE Pamela Montgomery
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no --		16. SOCIAL SECURITY NO. 1413307	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pamela Montgomery, Billings, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 5 Minutes
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201
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) (Min.)		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>12-15</u> , 19 <u>49</u> , to <u>12-30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-30</u> , 19 <u>49</u> , and that death occurred at <u>1030a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Karl J. Leidinger Jr. M.D.		23b. ADDRESS Billings, Mo.	
23c. DATE SIGNED 1-6-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-1950	
24c. NAME OF CEMETERY OR CREMATORIUM ROSE HILL		24d. LOCATION (City, town, or county) (State) CHRISTIAN CO. MO.	
DATE REC'D BY LOCAL REG. 1-1-1950		REGISTRAR'S SIGNATURE Alvin Drier	
53. FUNERAL DIRECTOR'S SIGNATURE John Alexander Clever		ADDRESS Mo.	

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

RECEIVED JAN 9 1950
District Health Office No. 6,
District File Number 150-59
Date Filed 1-11-50

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.....

John Dean Harris

Signed.....
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.