

THE DIVISION OF HEALTH OF MISSOURI  
FILED APR 5 1950 STANDARD CERTIFICATE OF DEATH

State File No. 9704

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>MONROE</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-JACKSON TWP.</b>		c. LENGTH OF STAY (in this place) <b>30 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JACKSON TWP.</b>		n 690
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1/2 MI. N. OF PARIS</b>			d. STREET ADDRESS (If rural, give location) <b>1/2 MI. N. OF PARIS</b>		
3. NAME OF DECEASED (Type or Print) <b>WILLIAM J. MONTGOMERY</b>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <b>MAR. 29, 1950</b>			(Month)	(Day)	(Year)
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 18, 1862</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COAL MINER</b>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <b>1</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES MONTGOMERY</b>		13b. MOTHER'S MAIDEN NAME (Last name) <b>Mrs. MARY J. (NOT KNOWN)</b>		14. NAME OF HUSBAND OR WIFE <b>ROSY L. MONTGOMERY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Carl Downard PARIS, MO.</b>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cardiac de compensation</b> DUE TO (c) <b>old eye condition.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 DA.</b>  <b>N.K.</b> <b>4201</b>
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 <b>3-23, 1950</b> , to <b>3-29, 1950</b> , that I last saw the deceased alive on <b>9 A.M., 193-</b> , and that death occurred at <b>9 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Wells S. Christner</b> (Degree or title)			23b. ADDRESS <b>Paris, MO.</b>		23c. DATE SIGNED <b>3-30-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL (1)</b>	24b. DATE <b>APR. 1, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE</b>		24d. LOCATION (City, town, or county) (State) <b>PARIS MO</b>	
DATE REC'D BY LOCAL REG. <b>3-29-50</b>	REGISTRAR'S SIGNATURE <b>J. A. Burnea</b>	435	25. FUNERAL DIRECTOR'S SIGNATURE <b>Speed &amp; Blakey</b>		ADDRESS <b>PARIS, MO.</b>

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

0690

RECEIVED APR 3 1950  
District Health Officer No. 1  
District File Number 4-50-5  
Date Filed APR 3 1950

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 W. B. Blakey

Licensed Embalmer No. 3616

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Paris, Missouri.

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.