

FILED FEB 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 537

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4121 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BILLINGS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BILLINGS</u>	
c. LENGTH OF STAY (in this place) <u>4 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>HOME</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAMELIA</u> b. (Middle) <u>S.</u> c. (Last) <u>MONTGOMERY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 24 1951</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>MAY 4 1871</u>		9. AGE (In years last birthday) <u>80</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			11. BIRTHPLACE (State or foreign country) <u>PENNSYLVANIA</u>		

13a. FATHER'S NAME <u>WILLIAM HARROP</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA BEECHEM</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES WALTER MONTGOMERY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM MONTGOMERY, BILLINGS, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUE TO (b) <u>Atherosclerosis</u>			<u>15 minutes</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Malnutrition</u>			<u>4201</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>		

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John Dean Harris, Coroner 3</u>		23b. ADDRESS <u>Christian C. Clever, Mo.</u>		23c. DATE SIGNED <u>1/25/1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/27/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL</u>	
24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris, Clever, Mo.</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>1-26-51</u>		REGISTRAR'S SIGNATURE <u>Alvin</u>		60	

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

220  
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**DIVISION OF HEALTH OF MO.**

Dist. No. 5 - Springfield

RECEIVED FEB 2 1951

Dist. File 257-278

Date Filed 2-2-51

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**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

*John Dean Harris*

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.