

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13835

State File No.

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5960 Registrar's No. 31

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| 1. PLACE OF DEATH a. COUNTY <u>PLATTE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>NEW MARKET</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Green</u> OR TOWN <u>NEW MARKET</u> | |
| c. LENGTH OF STAY (in this place) <u>5 YEAR</u> | | d. STREET ADDRESS (If rural, give location) <u>0831</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>EZRA</u> b. (Middle) <u>CLEVELAND</u> c. (Last) <u>MONTGOMERY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-10-52</u> | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | |
| 8. DATE OF BIRTH <u>10-12-85</u> | | 9. AGE (in years last birthday) <u>67</u> | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u> | | 11. BIRTHPLACE (State or foreign country) <u>Kansas</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>1</u> | | | | | |

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|--|--|---|--|--------------------------------------|--|
| 13a. FATHER'S NAME <u>William Montgomery</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sally Richardson</u> | | 14. NAME OF HUSBAND OR WIFE <u>✓</u> | |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war and dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr Frank Jimville Weston, Mo.</u> | |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>diabetes</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>10 years</u> | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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| 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? | |
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22. I hereby certify that I attended the deceased from Sept 15, 1951, to 4-10, 1952, that I last saw the deceased alive on 4-1, 1952, and that death occurred at 7 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>D. L. Durham</u> | | 23b. ADDRESS <u>Dearborn Mo</u> | | 23c. DATE SIGNED <u>4-11-52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>4-12-52</u> | | 24b. DATE <u>Burial</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Platte Co. Mo.</u> | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>4-11-52</u> | | REGISTRAR'S SIGNATURE <u>Opheia Ballin</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>VAUGHN-AUFERANE DEARBORN, MO.</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1930
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FILED APR 18 1952

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 W. R. Vaughn.....

Licensed Embalmer No. 4023.....

P. O. Address Weston, 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.