

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41687**
Registrar's No. **421**

FILED JAN 6 - 1953

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

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		State File No. 41687		Registrar's No. 421							
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton			c. LENGTH OF STAY (in this place) 3 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton										
d. FULL NAME OF HOSPITAL OR INSTITUTION Stewart Nursing Home				d. STREET ADDRESS (If rural, give location) 7th and Court Sts.											
3. NAME OF DECEASED (Type or Print)			a. (First) Charles Horace			b. (Middle) Montague			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1952			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 15, 1870		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired				10b. KIND OF BUSINESS OR INDUSTRY RR Engineer		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph Missouri			12. CITIZEN OF WHAT COUNTRY? USA						
13a. FATHER'S NAME Horace Montague				13b. MOTHER'S MAIDEN NAME Permelia -----				14. NAME OF HUSBAND OR WIFE Cora Pickel Montague							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO. 705 10 7362		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Tennyson Fulton Missouri									
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) Chronic Myocarditis, Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Edema.										ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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)		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 Oct 24, 1952 , to Dec 31, 1952 , that I last saw the deceased alive on Dec 16, 1952 , and that death occurred about 4 p.m. from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) Dr. J. C. Jones M.D.						23b. ADDRESS Fulton Mo			23c. DATE SIGNED 1-2-53						
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 3 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora			24d. LOCATION (City, town, or county) (State) St. Joseph Missouri								
DATE REC'D BY LOCAL REG. Jan. 3 - 1953		REGISTRAR'S SIGNATURE Maretha Lawrence			420		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home Fulton, Mo								

FEB 6 1953

JAN 14 1953

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

J. J. Ross

Licensed Embalmer No. *2555*

P. O. Address *Hullon 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.