

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42823

State File No. _____

FILED DEC 29 1952

REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5758 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural North Miller</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural North Miller</u> <u>0630</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniël</u> b. (Middle) <u>Charles</u> c. (Last) <u>Montague</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>20</u> <u>1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5/20/1881</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR: Months <u>7</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>James Montague</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilda Schell</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Montague</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u> <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. D. C. Montague</u> ADDRESS <u>Brinktown, Missouri</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30</u> <u>minut</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u> <u>X</u> <u>X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u> <u>X</u> <u>X</u> <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>	

22. I hereby certify that I attended the deceased from Aug 15, 1949, to Dec 20 1952, that I last saw the deceased alive on Dec 20 1952, and that death occurred at 2:30P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Rowley Gates D.O.</u> (Degree or title)		23b. ADDRESS <u>Dixon, Mo.</u>		23c. DATE SIGNED <u>12-22-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/23/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brinktown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brinktown, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>12-24-52</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u> <u>198</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert</u> ADDRESS <u>Dixon, Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Maurice E. Schierbaum*

Licensed Embalmer No. *4505*

P. O. Address Dixon, 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.