

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42888**

FILED DEC 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5800 Registrar's No. 46

90  
1

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

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL Monroe TOWNSHIP</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Monroe TOWNSHIP</b>	
c. LENGTH OF STAY (in this place) <b>6 MONTHS</b>		d. STREET ADDRESS (If rural, give location) <b>Monroe City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Monroe City</b>		3. NAME OF DECEASED (Type or Print) a. (First) <b>JESSIE</b> b. (Middle) <b>JAMES</b> c. (Last) <b>MONTGOMERY</b>	
4. DATE OF DEATH <b>DECEMBER 24 1952</b>		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>DECEMBER 8<sup>th</sup> 1882</b>	
9. AGE (in years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coalminer. (RET)</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Gorblton ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM Montgomery</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA FISHER</b>	
14. NAME OF HUSBAND OR WIFE <b>ALICE BAYTRAM MONTGOMERY</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alice Montgomery</b> ADDRESS <b>Monroe City 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CHRONIC VALVULAR HEART DISEASE</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>2 YRS</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>AURICULAR Fibrillation</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4214</b>	
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 <b>SEPT 20, 1952</b> , to <b>DEC 24, 1952</b> , that I last saw the deceased alive on <b>Dec 20, 1952</b> , and that death occurred at <b>5 A.</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>John H. Vicks M.D.</b> (Degree or title)		23b. ADDRESS <b>Monroe City Mo</b>	
23c. DATE SIGNED <b>12/26/52</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>12-26-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Paris Monroe County Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; Sons</b> ADDRESS <b>Monroe City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-26-52</b>		REGISTRAR'S SIGNATURE <b>E. Leo Robinson</b>	

JAN 16 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 mm

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Leatrice L. Philby*

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.