

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10271

State File No. \_\_\_\_\_  
Registrar's No. 1631

FILED APR 7 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>1631</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived) If institution, residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Crawford</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>1 wk.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pittsburg</u>		<u>8150</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>104 W. Washington</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>R.</u>		c. (Last) <u>Montgomery</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 20 1953</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>Feb. 14, 1891</u>		
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Fruit</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Greenfield, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>J. F. Montgomery</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Shaw</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Montgomery</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>510-01-2255</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Coopridner</u>		ADDRESS <u>Pittsburg, Kan</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac dilatation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial insufficiency</u> DUE TO (c) <u>Coronary disease</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Part of Benign Prostatic Hypertrophy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>2 hrs</u> <u>4 yrs.</u> <u>4 yrs.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Prostate by autopsy</u>				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? <u>4201</u>				
22. I hereby certify that I attended the deceased from <u>3-12</u> , 19 <u>52</u> , to <u>3-20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-20</u> , 19 <u>53</u> and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. Walker M.D.</u>				(Degree or title)		23b. ADDRESS <u>Joplin Mo.</u>		
23c. DATE SIGNED <u>3-20-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-20-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Pittsburg Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna J. James</u>		ADDRESS <u>SMITH FUNERAL HOME Pittsburg, Kan</u>				
DATE RECD BY LOCAL REG. <u>4-1-53</u>		REGISTRAR'S SIGNATURE <u>by Delores Sampson</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

W. Walker

3495

RECEIVED 4-6-53  
Jasper County Health Office

County File Number 53/4/314

Date Filed 4-7-53

APR 9 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 OK Smith

Licensed Embalmer No. 3969

P. O. Address Pittsburg, Kans

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.