

## STANDARD CERTIFICATE OF DEATH

State File No. **43691**

FILED DEC 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-JACKSON</u>		c. LENGTH OF STAY (In this place) <u>32 YRS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GEN. DELIVERY - PARIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - JACKSON TWP</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) <u>LEOTA</u> c. (Last) <u>MONTGOMERY</u>		d. STREET ADDRESS (If rural, give location) <u>GEN. DELIVERY, PARIS</u> <u>0640</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN. 22, 1873</u>
9a. AGE (In years last birthday) <u>80</u>	9b. IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u>	9c. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	9d. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 17, 1953</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HORSESHOE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>SOUTH BEND, IND.</u>		12. CITIZEN OF WHAT COUNTRY? <u>H. S. A.</u>	
13a. FATHER'S NAME <u>DAVID FISHER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY NEIGHART</u>	
14. NAME OF HUSBAND OR WIFE <u>W. MONTGOMERY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>EARL DOWNS, PARIS, MO.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neurotic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic pleuropneumonia</u> DUE TO (c) <u>Apertennia</u> 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 <u>443x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Nov. 4, 1953</u> , to <u>Dec. 17, 1953</u> , that I last saw the deceased alive on <u>Dec. 17, 1953</u> , and that death occurred at <u>10:45 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter S. Christman</u>		23b. ADDRESS <u>D. O. F. PARIS, MO.</u>	
23c. DATE SIGNED <u>12/18/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-20-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>12/18/53</u>		REGISTRAR'S SIGNATURE <u>J. A. Barnard M.D.</u> <u>435</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed &amp; Blakey</u>		ADDRESS <u>PARIS, MISSOURI</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1934

JUL 8 1934

**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..... *E. H. Bennett* .....

Licensed Embalmer No. 4000 .....

P. O. Address PARI, 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.