No. 300
10.48

FILED APR 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8936

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5826 Registrar's No. 15

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

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Conran 3
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Conran
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0720
e. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Johnie b. (Middle) James c. (Last) Montgomery

4. DATE OF DEATH (Month) Mar (Day) 29 (Year) 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 15 1905
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR Months 5 Days 14 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Tenant Farmer
11. BIRTHPLACE (City and State or Foreign Country) Decaturville Tenn
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Sam Montgomery
13b. MOTHER'S MAIDEN NAME Don't Know
14. NAME OF ~~HUSBAND~~ OR WIFE Myrtle Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 415-16-9301
17. INFORMANT'S SIGNATURE OR NAME Decatur Funeral Home ADDRESS Decaturville Tenn

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) Crushed Chest, Fractured Skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Caused by Car and truck
DUE TO (c) Collided on highway 61 North

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Aff Portageville 3.9 Miles

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION E8161 26
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) 072 (COUNTY) New Madrid Co (STATE) Mo

21d. TIME OF INJURY (Month) 3 (Day) 29 (Year) 55 (Hour) 12:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Car & Truck Collided

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 12:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE Leo Hedgpeth (Degree or title) Coroner 3
23b. ADDRESS New Madrid Mo
23c. DATE SIGNED 3/29/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3/29/55
24c. NAME OF CEMETERY OR CREMATORY Larson
24d. LOCATION (City, town, or county) Larson Tenn (State)

DATE REC'D BY LOCAL REG. 3-31-55
REGISTRAR'S SIGNATURE H.L. Ponder Deputy 218-0
25. FUNERAL DIRECTOR'S SIGNATURE Lee Lisle Funeral Parlor ADDRESS Portageville Tenn

(Licensed Embalmer's Statement on Reverse Side)

APR 14 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph A. [illegible]

Licensed Embalmer No. 448

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.