No. 300
10.48

FILED OCT 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33755

BIRTH NO. FILED OCT 18 1955 REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 2001 Registrar's No. 409

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

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin
c. LENGTH OF STAY (in this place) 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kans.
b. COUNTY Cherokee
c. CITY OR TOWN Baxter Spgs.
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 122 E 4 st 8

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

4. DATE OF DEATH (Month) (Day) (Year) 10-8-55

5. SEX Male
6. COLOR OR RACE Color
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct 25 - 1882
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Peters
10b. KIND OF BUSINESS OR INDUSTRY Odd Jobs
11. BIRTHPLACE (City and State or Foreign Country) Ruston Louisana
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alford Montgomery
13b. MOTHER'S MAIDEN NAME Josie Montgomery
14. NAME OF HUSBAND OR WIFE Bertie Montgomery

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. 509-09-2311
17. INFORMANT'S SIGNATURE OR NAME Mrs Bertie Montgomery ADDRESS Baxter Spgs

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201 H

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma prostate — unknown

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

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-16, 1955, *to* 10-8, 1955, *that I last saw the deceased alive on* 10-8, 1955, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE L. R. Kill (Degree or title) DO
23b. ADDRESS 1331 Military
23c. DATE SIGNED 10-8-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-8-55
24c. NAME OF CEMETERY OR CREMATORY Lowell Cemetery
24d. LOCATION (City, town, or county) (State) Lowell Kans.

DATE REC'D BY LOCAL REG. 10-10-55
REGISTRAR'S SIGNATURE Ed. D. James by Dolores Lampkins 138
25. FUNERAL DIRECTOR'S SIGNATURE Lance Wene ADDRESS Baxter Spgs Kans.

(Licensed Embalmer's Statement on Reverse Side)

County File Number
Date Filed OCT 17 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml
by me, or by Wene Funeral Home, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Lance Wene

Licensed Embalmer No. 288

P. O. Address Baxter S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.