

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24258**

BIRTH NO. _____		REG. DIST. NO. <b>169</b>		PRIMARY REG. DIST. NO. <b>5614</b>		Registrar's No. <b>48</b>		
1. PLACE OF DEATH a. COUNTY <b>Knox County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Knox</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Bourbon</b>		c. LENGTH OF STAY (in this place) <b>8 yrs.</b>		c. CITY OR TOWN _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>20</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <b>4 mi S.W. of Plevana, Mo.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Willie</b> b. (Middle) <b>Harlan</b> c. (Last) <b>Montague</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 28 1956</b>					
5. SEX <b>M.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>		8. DATE OF BIRTH <b>Sept 2 - 1889</b>		
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>26</b>		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Knox Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry Montague</b>			13b. MOTHER'S MAIDEN NAME <b>Lucinda Ellen Barry</b>			14. NAME OF HUSBAND OR WIFE <b>Bessie Montague</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>0</b>		16. SOCIAL SECURITY NO. <b>0</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Bessie Montague Leonard, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>					<b>Aug 1 1956</b> <b>July 25 - 1956</b>	
		ANTECEDENT CAUSES						
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Coronary Sclerosis</b></p> <p>DUE TO (c) _____</p>						
II. OTHER SIGNIFICANT CONDITIONS					<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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) <b>4201</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>Aug 1 1955, 1955</b> , to <b>July 25, 1956</b> , that I last saw the deceased alive on <b>July 20, 1956</b> and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <b>Ed Holmes, D.D.</b> (Degree or title)			23b. ADDRESS <b>Novelty, Mo.</b>			23c. DATE SIGNED <b>July 30-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 30-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. Salem Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>4 mi. E. Plevana, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Aug-1-56</b>		REGISTRAR'S SIGNATURE <b>Helle S. Hunsolt</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Chas. Duquesne Bechtel, D.D.</b>				

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

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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 *[Signature]*, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 271

P. O. Address Beethel

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.