S. No. 300
v. 10-48

FILED SEP 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29775

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5058 Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural ~~Capps Creek~~
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) Junction Hiway 60 & 97

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Barry
c. CITY OR TOWN RR2 Monett
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Capps Creek township

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

4. DATE OF DEATH (Month) 9 (Day) 4 (Year) 1956

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-17-1891
9. AGE (In years last birthday) 65 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Barry County, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME T. F. Montgomery
13b. MOTHER'S MAIDEN NAME Rosemond Shacklock
14. NAME OF HUSBAND OR WIFE Anna Montgomery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-01-2932
17. INFORMANT'S SIGNATURE OR NAME Mrs. John Montgomery — ADDRESS RR2 Monett Mo

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) Multi injuries to head — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 8160

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 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.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) Monett Township 005 (COUNTY) Barry (STATE) Mo.
21d. TIME OF INJURY (Month) 9 (Day) 4 (Year) 1956 (Hour) 1045 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Pickup & truck collision at junction Highway 60 & 97

22. *I hereby certify that I attended the deceased ~~from~~ on Sept 4, 1956, ~~to~~ _____, ~~19~~ ___, that I last saw the deceased ~~dead~~ alive on Sept 4, 1956, and that death occurred at 1045 p.m., from the causes and on the date stated above.*

23a. SIGNATURE Paul D. Herbert (Degree or title) Coroner
23b. ADDRESS Cassville Missouri
23c. DATE SIGNED 9-4-1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-7-56
24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (City, town, or county) Pierce City (State) Mo.

DATE REC'D BY LOCAL REG. 9-12-56
REGISTRAR'S SIGNATURE Mrs. P. N. Cook
25. FUNERAL DIRECTOR'S SIGNATURE Wm J. Wessell — ADDRESS Pierce City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

3

513 0

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 956 - 159

DATE REC. 9-17-56

SEP 19 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, Mo

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