

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37843**

FILED NOV 19 1956

BIRTH NO. REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 160

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

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Arcadia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Arcadia</u>	
c. LENGTH OF STAY (in this place) <u>1 yr. 1 mo. 19 da.</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. E. on Hwy. 70</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for Aged Baptists</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Pointer</u> c. (Last) <u>Montgomery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11, 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 6, 1866</u>
9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	11. BIRTHPLACE (State or foreign country) <u>Tuscumbia, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night-Watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>T. W. Montgomery</u>		13b. MOTHER'S MAIDEN NAME <u>Carolyn Workman</u>	14. NAME OF HUSBAND OR WIFE <u>Unkown</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dolores Weiss, Ironton, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u>	
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Gangrene of R. foot 3 mo.	
Conditions contributing to the death but not related to the disease or condition causing death.		4201	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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>Jan</u> , 19 <u>56</u> , to <u>Nov. 11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Nov. 7</u> , 19 <u>56</u> , and that death occurred at <u>3:15 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. H. McF...</u>		23b. ADDRESS <u>Ironton, Mo.</u>	23c. DATE SIGNED <u>Nov. 11, 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-12-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jefferson City Missouri</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>11-9-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home Ironton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 10 1933

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 *Amel White*

Licensed Embalmer No. *3012*

P. O. Address *Irwin Ave*

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.