

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43510
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1439

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bolckow	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital		Length of stay in lb 8 days		d. STREET ADDRESS (If outside, give location) R.F.D. # 1	
3. NAME OF DECEASED (Type or print) First ROSE Middle MONTGOMERY Last CRAIG			4. DATE OF DEATH Month Dec. Day 18, Year 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15, 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Andrew County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Franklin Pierce Montgomery		13b. MOTHER'S MAIDEN NAME Mittie May Thompson		14. NAME OF HUSBAND OR WIFE Walter Craig (de)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Thomas Montgomery Bolckow Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Insufficiency					INTERVAL BETWEEN ONSET AND DEATH few weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension & Coronary Sclerosis					years
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT * SUICIDE * HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from April 1956 to Dec. 18, 1957 and last saw her alive on Dec. 17, 1957 Death occurred at 11:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. J. H. Fulton M.D.			22b. ADDRESS St. Joseph Missouri		22c. DATE SIGNED 12/18/57
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12/18/57	23c. NAME OF CEMETERY OR CREMATORY Bolckow Cemetery		23d. LOCATION (City, town, or county) (State) Bolckow Missouri	
24. FUNERAL DIRECTOR Breit Funeral Home Savannah Mo.		ADDRESS Savannah Mo.		25. DATE RECD. BY LOCAL REG. Jan. 6, 1958	26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton

VS. MAR 27 1958

MAR 2 1958

FEB 3 1958

VS. MAY 25 1961

Faint, mostly illegible text from the reverse side of the certificate, including names and dates.

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 _____
Signature of Student Embalmer

Signed E. L. Breit

Licensed Embalmer No. 2650
P. O. Address Sacramento

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.