

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

302

FILED FEB 3 1958

STATE FILE NUMBER 78

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
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 St. Joseph <i>0117</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <i>Martin Nursing Home</i> INSTITUTION <i>914 N. 3rd St.</i>		Length of stay in lb 29 yrs.	d. STREET ADDRESS (If outside, give location) <i>914 N. 3rd Street</i>
3. NAME OF DECEASED (Type or print) First Middle Last Nannie J. Montgomery			4. DATE OF DEATH Month Day Year January 20, 1958.
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 October 9, 1893
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Andrew County, Missouri.
10b. KIND OF BUSINESS OR INDUSTRY At home		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ldonidas Cropp		13b. MOTHER'S MAIDEN NAME Emma Hickerson	14. NAME OF HUSBAND OR WIFE John R. Montgomery
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 Meierhoffer-Fleeman, Inc. Self - Prearrangement Record
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerosis.</u>			INTERVAL BETWEEN ONSET AND DEATH 15 min. 30 min. several years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <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 <u>September 1957</u> to <u>January 1958</u> and last saw her <u>her</u> alive on <u>Jan. 14, 1958</u> Death occurred at <u>9:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wm. R. Ditcomb, D.O.</i>		22b. ADDRESS <i>1105 N. 26th St. Joseph, Mo.</i>	22c. DATE SIGNED <i>1-22-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 24, 1958.	23c. NAME OF CEMETERY OR CREMATORY Fillmore Cemetery	23d. LOCATION (City, town, or County) (State) Fillmore, Missouri.
24. FUNERAL DIRECTOR Meierhoffer-Fleeman, Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 24, 1958	26. REGISTRAR'S SIGNATURE <i>Mrs. Robert Fulton</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Robert E. Hervey*

Licensed Embalmer No. 3258
P. O. Address ... St. Joseph, Mo. ...

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.