Health, Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035389
STATE FILE NUMBER

FILED NOV 13 1958 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 152

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincents — Length of stay in 1b 5weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Lawrence
c. CITY OR TOWN Pierce City — Inside Limits Yes X No ☐
d. STREET ADDRESS Main St. (If outside, give location) — Reside on Farm Yes ☐ No X

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3. NAME OF DECEASED (Type or print) First Addie Middle Lou Last Montgomery
4. DATE OF DEATH Month Oct. Day 26 Year 1958
5. SEX F
6. COLOR OR RACE Wh
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH Feb. 22, 1880
9. AGE (In years last birthday) 78
IF UNDER 1 YEAR Months 8 Days 4 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) McCune Kan.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Louis W. Montgomery
14. MOTHER'S MAIDEN NAME Rebecca Jones
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. None
17. INFORMANT Anna G. Hisaw Address Pierce City Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — ?
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9-23-58, to 10-26-58 and last saw her/him alive on 10-26-58
Death occurred at 9:52 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. P. Edwards (Degree or Title) MD
22b. ADDRESS Monett Mo.
22c. DATE SIGNED 10-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-28-1958
23c. NAME OF CEMETERY OR CREMATORY Cleer Creek Baptist
23d. LOCATION (City, town, or county) Newton (State) Mo.

24. FUNERAL DIRECTOR Wilks Bros. ADDRESS Pierce City Mo.
25. DATE RECD. BY LOCAL REG. 11-3-58
26. REGISTRAR'S SIGNATURE Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

513
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DATE REC. 11-22-56

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 41

P. O. Address Pueblo Co

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