

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006353

STATE FILE NUMBER

REC MAR 10 1959

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 37

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1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>SHEPPY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MACON, Missouri</u>		c. CITY OR TOWN <u>LEONARD, Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SAMARITAN Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>LEONARD, Mo. R.F.D.</u>	

3. NAME OF DECEASED (Type or print) First <u>MERTON</u> Middle <u>MONROE</u> Last <u>MONTGOMERY</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>22</u> Year <u>1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 13, 1891</u>		9. AGE (In years last birthday) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and state or country) <u>LEONARD, Missouri</u>		

13a. FATHER'S NAME <u>J. H. MONTGOMERY</u>		13b. MOTHER'S MAIDEN NAME <u>HATTIE S. GOODWIN</u>		14. NAME OF HUSBAND OR WIFE <u>ELVA MONTGOMERY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>492-42-6875</u>		17. INFORMANT <u>ELVA MONTGOMERY</u> Address <u>LEONARD, Mo.</u>	

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>HYPOSTATIC PNEUMONIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 WK</u>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <u>CORONARY ARTERY HEART DISEASE</u>			
DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4200</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <u>6:30</u> Month <u>July</u> Day <u>1958</u> Year <u>1958</u> 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 July, 1958 to FEB 22, 1959 and last saw him alive on FEB 22, 1959.
Death occurred at 6:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>A. Wright No. 2</u>	22b. ADDRESS <u>Box 64, Leonard, Mo.</u>	22c. DATE SIGNED <u>2/24/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-24-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HAGERS GROVE</u>	23d. LOCATION (City, town, or county) (State) <u>SHEPPY, MISSOURI</u>
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24. FUNERAL DIRECTOR <u>GREENING-SHEPPYVILLE, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2/25/59</u>	26. REGISTRAR'S SIGNATURE <u>Curtis M. Neely</u>
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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 *Charles V. Hean*

Licensed Embalmer No. *4625*
P. O. Address *Lawrence*

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.