

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029510

STATE FILE NUMBER

FILED VS AUG 19 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 393

DEED

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 2 yrs		c. CITY OR TOWN Neck City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1809 Grand			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) --		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First HATTIE Middle May Last MONTGOMERY				4. DATE OF DEATH Month AUGUST Day 11 Year 1959							
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 7-29-78		9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Moundville, Mo		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Henry J. McCullough				13b. MOTHER'S MAIDEN NAME Nancy ?				14. NAME OF HUSBAND OR WIFE Chas. W. 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. no n/w		17. INFORMANT Address Joplin, Mo Allen Montgomery, 1821 W. 21st					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH 1 HOUR			
IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b) CARDIAC DEGENERATION											
DUE TO (c) MYOCARDIAL DEGENERATION											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.		Month, Day, Year									
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 _____ to 8-11-59 and last saw her/him alive on _____ Death occurred at 6: 55 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title)				22b. ADDRESS JOPLIN MO		22c. DATE SIGNED 8-11-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8-15-59		23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Park Cem.		23d. LOCATION (City, town, or county) Joplin, Mo		(State)			
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo				25. DATE RECD. BY LOCAL REG. 8-14-1959		26. REGISTRAR'S SIGNATURE 					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Corthage, 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.