

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020405

FILED VS JUN 3 1960

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>John Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> . COUNTY <u>Platte</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dearborn</u>		Length of stay in 1b <u>9</u> years		c. CITY OR TOWN <u>Dearborn</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Green Township</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>Green Township</u> (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <u>John Irvin Montgomery</u>				4. DATE OF DEATH Month <u>May</u> Day <u>19</u> , Year <u>1960</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</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>9-3-88</u>		9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
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>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Kentucky</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Andrew Gordan Montgomery</u>				13b. MOTHER'S MAIDEN NAME <u>Della Mingee</u>				14. NAME OF HUSBAND OR WIFE <u>Hazel Turpin</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>496-42-3018</u>		17. INFORMANT Address <u>Mrs. Hazel Montgomery Dearborn, Mo</u>							
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 <u>2 hrs.</u>			
IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>													
DUE TO (b) <u>Arteriosclerosis</u>													
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Convalescing from lobar pneumonia</u>										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 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 _____ 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 <u>March 28, 1960</u> to <u>May 18, 1960</u> and last saw <u>her</u> alive on <u>May 18, 1960</u> Death occurred at <u>5 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>[Signature]</u> (Decree or title) <u>D.O.</u>					22b. ADDRESS <u>Weston, Mo.</u>					22c. DATE SIGNED <u>5/20/60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-21-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>			23d. LOCATION (City, town, or county) (State) <u>Weston, Missouri</u>						
24. FUNERAL DIRECTOR <u>Vaughn Funeral Home, Weston, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>May 21, 1960</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Handwritten initials

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston

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.