

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4709

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3513 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Leesville Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Leesville Twp</u>	
c. LENGTH OF STAY (In this place) <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>9 miles E on 35 - 2 mi S E</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 mi E on 35 - 2 mi S E</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>JANE</u> c. (Last) <u>MANTONYA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 23 1865</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>20</u>	IF UNDER 12 HRS. Hours <u>—</u> Mins. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>mt. Vernon Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Lee</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>	14. NAME OF HUSBAND OR WIFE <u>James M Montonya</u>
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chester Montonya</u> ADDRESS <u>Leesville Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>vit</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Feb 17 1949 to Feb 15 1949, that I last saw the deceased alive on Feb 18 1949, and that death occurred at 7:45 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>E. P. Peeler MD</u> (Degree or title)	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>February 17 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 17 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leesville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Henry Co Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 17 - 49</u>	REGISTRAR'S SIGNATURE <u>R. B. Kenney</u> 120	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilkinson Funeral Home</u> ADDRESS <u>Clinton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 1-49-113

Date Filed 2-21-49

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.....

none

Student Embalmer No. none

working under my personal supervision.

Signed.....
Student Embalmer

none

Signed.....

Francis Lee Scheel

Licensed Embalmer No. 4513

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.