

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3688**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 370		PRIMARY REG. DIST. NO. 6255		Registrar's No. 4		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY Wayne		b. CITY (If outside appropriate limits, write RURAL and give township) OR TOWN Clubb		a. STATE Missouri		b. COUNTY Wayne		
c. LENGTH OF STAY (In this place)		c. CITY (If outside appropriate limits, write RURAL and give township) OR TOWN Clubb		d. STREET ADDRESS (If rural, give location)				
d. FULL NAME OF HOSPITAL OR INSTITUTION:		d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX		
a. (First) MARY			b. (Middle) LAMIE			c. (Last) MONTEGOMERY		
6. COLOR OR RACE W			7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify) W			8. DATE OF BIRTH Oct. 22 1862		
9. AGE (In years last birthday) 87			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Wayne Co. Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME Henry Leach		13b. FATHER'S MAIDEN NAME Lucille Bishop		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME Lella Bennett ADDRESS Clubb, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerosis			II. OTHER SIGNIFICANT CONDITIONS				4 1/2 years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES					
DUE TO (b) Age Hypertension			DUE TO (c)					
DUE TO (c)			Conditions contributing to the death but not related to the disease or condition causing death.				4 1/2 years	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 1947 , 19___, to 1950 , 19___, that I last saw the deceased alive on _____, 1949, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE John F. Wagner (Degree or title) M.D.				23b. ADDRESS Greenville, Mo		23c. DATE SIGNED 1-12-50		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan. 9 1950		24c. NAME OF CEMETERY OR CREMATORY Brands Creek		24d. LOCATION (City, town, or county) (State) Wayne Co. Mo		
DATE REC'D BY LOCAL REG. Jan 16 1950		REGISTRAR'S SIGNATURE Mabel Beasley		341		25. FUNERAL DIRECTOR'S SIGNATURE Tris D. Marshall ADDRESS Greenville, Mo		

SEP 29 1950

RECEIVED

JAN 21 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-89

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.....

me

Student Embalmer No.

working under my personal supervision.

Signed

Tris S. Marshall

Signed.....

Student Embalmer

Licensed Embalmer No.

4601

P. O. Address

Guernelle 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.