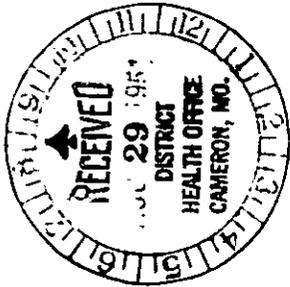


FILED AUG 31 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>74</u>		PRIMARY REG. DIST. NO. <u>5295</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Chilton</u> <u>025,0</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Chilton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u>		c. LENGTH OF STAY (in this place) <u>2 1/2</u> <u>yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u> <u>MO</u> <u>025,0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Queen Institution</u>				d. STREET ADDRESS (If rural, give location) <u>Queen Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>MONTZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>18</u> <u>1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Aug 26 1867</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Danville N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>A.S. Montz</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Sherman</u>		14. NAME OF HUSBAND OR WIFE <u>✓</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mar. G. L. Sigurd</u> <u>Camden</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <u>Aug 10, 1951</u> , to <u>Aug 18, 1951</u> , that I last saw the deceased alive on <u>Aug 17, 1951</u> , and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. B. Shalading M.D.</u>				23b. ADDRESS <u>Plattsburg Mo.</u>		23c. DATE SIGNED <u>Aug 21 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellevue cem</u>		24d. LOCATION (City, town, or county) (State) <u>Camden MO</u>	
DATE REC'D BY LOCAL REG <u>Aug 21 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Pearce</u>		441		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beland Funeral Home Camden</u>	



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
Student Embalmer

Signed Robert F. Poland

Licensed Embalmer No. 4997

P. O. Address 222 West 1st St.
Cameron 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.