

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No.

24484

FILED JUL 27 1953

BIRTH NO.

REG. DIST. NO.

128

PRIMARY REG. DIST. NO.

5465

Registrar's No.

674

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural 1st, Campbell</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>North Rural 1st, Campbell</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield RFD#1</b>		e. STREET ADDRESS (If rural, give location) <b>Springfield RFD#1</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTHA</b>		b. (Middle) <b>ELIZABETH</b>		c. (Last) <b>BRESHEARS</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>July 19 1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>28 March 1866</b>		9. AGE (In years last birthday) <b>87</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James H. Montgomery</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Rice</b>			
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>W.L. Martin RFD#1 Springfield, Mo.</b>		ADDRESS					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Embolism</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Has had angina pectoris and fibrillating attacks for 2 or 3 yrs</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Incurable Entertic and Adhesions</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Acute Sudden Death</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (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 <b>6-25, 1953</b> , to <b>7-19, 1953</b> that I last saw the deceased alive on <b>6-25, 1953</b> , and that death occurred at <b>9:20A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>C. S. Zeller M.D. Springfield Mo.</b>		23b. ADDRESS <b>608 Cherry Springfield Mo.</b>		23c. DATE SIGNED <b>7/20/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-21-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>			
24d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. KLINGNER &amp; CO. Springfield, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>7-20-53</b>		REGISTRAR'S SIGNATURE <b>Edith Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. KLINGNER &amp; CO. Springfield, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Feller

0390

AUG 6 1953

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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.....  
Licensed Embalmer No. 407  
P.O. Address.....

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.