

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5559

FILED MAR 1 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <b>MARION</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HANNIBAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MONROE CITY 0690</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>STELIZABETH HOSPITAL 0</b>		d. STREET ADDRESS (If rural, give location) <b>409 SOUTH DAVIS 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>AUSTIN</b> c. (Last) <b>MONTGOMERY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEBRUARY 19 1955</b>		
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5. SEX <b>MALE 0</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 7-1880</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>12</b>	IF UNDER 24 HRS. Hour <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RAILROADER (RET.)</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>MONROE COUNTY MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Joseph Samuel MONTGOMERY</b>		13b. MOTHER'S MAIDEN NAME <b>MARY C. PIKE</b>		14. NAME OF HUSBAND OR WIFE <b>Mary E. MONTGOMERY</b>	
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph H. Montgomery St. Riley, Kansas</b>		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>anterior myocardial infarct</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <b>Terminal Pneumonia</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>  <b>7 days</b>  <b>3 days</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <b>4201</b>				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 **2-13-55** 19**55**, to **2-19-55**, 19**55**, that I last saw the deceased alive on **2-19-55**, 19**55**, and that death occurred at **5:55 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. H. Montgomery 189</b> (Degree or title) <b>O.M.D.</b>		23b. ADDRESS <b>100 N. Sixth, Hannibal, Mo.</b>		23c. DATE SIGNED <b>2-21-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-22-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HOLY ROSARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>MONROE CITY, MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>2/21/55</b>		REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; SONS, MONROE CITY, Mo.</b>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 28 1955

MARION CO. HEALTH DEPT.  
DATE FILED FEB 28 1955

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.

Student .....  
Student Embalmer

Signed Leslie P. Niles

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.