THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005279
STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 132 Primary Registration District No. ____ Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY GRUNDY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPICKARD — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY GRUNDY
c. CITY OR TOWN SPICKARD — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CLARA Middle BELLE Last MONTGOMERY
4. DATE OF DEATH Month MAR Day 6 Year 1959
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH SEPT-15-1877
9. AGE (In years last birthday) 81 — 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) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) GRUNDY CO. MO.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME HARVEY FELLOWS
14. MOTHER'S MAIDEN NAME MARY SCHOOLER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ISAIAH B. MONTGOMERY Address SPICKARD MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from March 30 1959 to March 6th 1959 and last saw her/him alive on March 5th 1959
Death occurred at 1:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Oliver F. Duffy M.D.
22b. ADDRESS Trenton Mo
22c. DATE SIGNED March 6th 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE MAR-8-1959
23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY
23d. LOCATION (City, town, or county) (State) SPICKARD MO
24. FUNERAL DIRECTOR SCHOOLER FUNERAL HOME ADDRESS SPICKARD MO.
25. DATE RECD. BY LOCAL REG. 3-8-59
26. REGISTRAR'S SIGNATURE Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ross Wise.....

Licensed Embalmer No. 37.

P. O. Address Spokan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.