

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022435

STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 278 Primary Registration District No. 4413 Registrar's No. 83

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FRANKFORD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>FRANKFORD</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1</b>		Length of stay in lb <b>48 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>0820</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>VIRGIL PEARL MONTGOMERY</b>			4. DATE OF DEATH Month Day Year <b>JUNE 9 1959</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 5 1891</b>
9. AGE (In years last birthday) <b>68</b>		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) <b>FARMER RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>RALLS Co. Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>TOM MONTGOMERY</b>	
13b. MOTHER'S MAIDEN NAME <b>LULU SCOTT</b>		14. NAME OF HUSBAND OR WIFE <b>CORINNE MONTGOMERY</b>	
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>496-40-8201</b>	17. INFORMANT Address <b>Mrs. Virgil Montgomery Frankford Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Embolus</b>			INTERVAL BETWEEN ONSET AND DEATH
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>April 1959</b> to <b>June 1959</b> and last saw <sup>her</sup> alive on <b>June 8, 1959</b> Death occurred at <b>9:35 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE (Degree or title) <b>E. P. Hansen D.O.</b>		22b. ADDRESS <b>Frankford Mo.</b>	22c. DATE SIGNED <b>6-9-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 11 '59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Jarvis Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Frankford Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Megaw Funeral Home Frankford Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 16-1959</b>	26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 24 1970

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 *Low Fields Meyerson* .....

Licensed Embalmer No. *4093* .....

P. O. Address *Irish Rd* .....

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.