

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048938

FILED VS JAN 26 1961

370

Primary Registration District No. 6258

Registrar's No. 50

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY WAYNE				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO b. COUNTY WAYNE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SILVA		Length of stay in 1b 77 yr		c. CITY OR TOWN SILVA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) WILLIAM JAMES MONTGOMERY				4. DATE OF DEATH Month DEC. Day 14 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/15/1883	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state or country) SILVA, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME MARION LAFFETTE MONTGOMERY			13b. MOTHER'S MAIDEN NAME LEAR SANE LEACH			14. NAME OF HUSBAND OR WIFE BELLE S. MONTGOMERY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT BELLE S. MONTGOMERY Address SILVA, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Thrombosis							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis							
DUE TO (c) Carcinoma of Stomach							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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 _____, to _____, and last saw her/him alive on _____. Death occurred at 9:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Marion R. Barbours, MD				22b. ADDRESS Poplar Bluff, Mo		22c. DATE SIGNED 1-2-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-16-1960	23c. NAME OF CEMETERY OR CREMATORY BOUNDS CREEK		23d. LOCATION (City, town, or county) (State) SILVA Mo			
24. FUNERAL DIRECTOR GISH		ADDRESS GREENVILLE, Mo		25. DATE RECD. BY LOCAL REG. 1-19-61		26. REGISTRAR'S SIGNATURE Bretta M. Ward	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 JUN 26 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont

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.