

CERTIFICATE OF DEATH

Registration District No. 131 Primary Registration District No. 5506 Registrar's No. 294

DO NOT WRITE ON THIS STUB

9. 0

10a. 69

10b.

11. 1

12. 1

13 410.9

14.

15. 4

16.

17.

18. 0

19. CREDITS

20. 1-0

VS 300
Rev. 1/68

4. 0420

5. 90

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>Julio ESTRACA MONTANO</u>					2. <u>Male</u>	3. <u>December 28, 1968</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. <u>White</u>		5a. <u>69</u>	5b.	5c.	6. <u>July 29, 1899</u>		7a. <u>Henry</u>	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. <u>Henry County</u>		7c. <u>NO</u>		7d. <u>North 13 Highway Rt. 1, Henry County</u>				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. <u>ARIZONA</u>		9. <u>U.S.A.</u>		10. <u>Married</u>		11. <u>BERTHA MONTANO</u>		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. <u>585-05-3324</u>		13a. <u>Retired Grain operator</u>		13b. <u>Feed and Grain</u>				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER	
14a. <u>Missouri</u>		14b. <u>Henry</u>	14c. <u>NORTH of Clinton</u>		14d. <u>NO</u>		14e. <u>RURAL RFD 1, Clinton</u>	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15. <u>UNKNOWN</u>					16. <u>UNKNOWN</u>			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. <u>BERTHA MONTANO</u>				17b. <u>RFD 1, Clinton, Missouri</u>				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE								
(a) <u>Unknown Natural Cause</u>							<u>Immed</u>	
(b) <u>Probable Myocardial Infarction</u>								
(c)								
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
						19a. <u>NO</u>	19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.		20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20a.		20b.		20c.		20d.		
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	
21a. ATTENDED THE DECEASED FROM		TO		AND LAST SAW HIM/HER ALIVE ON		I-HOLD/DID NOT VIEW THE BODY AFTER DEATH.		
21b. <u>unattended</u>				21c.		21d.		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		
				7:25 P.M.		7:25 P.M.		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
22a. <u>Richard H. King M.D.</u>		22b. <u>Richard H. King M.D.</u>		22c. <u>12-30-68</u>				
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		
23a. <u>Henry County Coroner</u>		23b. <u>106 S. 3rd</u>		23c. <u>Clinton Mo.</u>		23d. <u>64735</u>		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		
24a. <u>Burial</u>		24b. <u>Deepwater Cemetery</u>		24c. <u>Deepwater, Missouri</u>				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP				
24d. <u>JANUARY 1, 1969</u>		24e. <u>R.E. Nichols Chapels</u>		24f. <u>Box 428 Clinton, MO.</u>				
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25a. <u>R.E. Nichols</u>		25b. <u>Melbaed Bigum</u>		25c. <u>Dec 31, 1968</u>				

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 *A. E. Nichols*

Licensed Embalmer No. 4997

P. O. Address *Clinton, Va.*

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.

Permit obtained 12/30/68
MB