

FILED SEP 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 26784

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Nowell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Nowell</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoll Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Oak Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emmel</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Montgomery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-22-49</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>7-14-1873</u>	9. AGE (In years last birthday) <u>76</u>	10. MONTHS <u>0</u>	11. DAYS <u>8</u>	12. IF UNDER 1 YEAR Hours <u>0</u> Min. <u>8</u>
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10a. USUAL OCCUPATION (Directed of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Tamworth Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Dr. F. Tyson</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Hanson</u>		14. NAME OF HUSBAND OR WIFE <u>J.M. Montgomery</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>J.M. Montgomery</u> ADDRESS <u>West Plains</u>			
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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) <u>Fracture Hip</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>yr</u> <u>90 40</u> <u>21</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>7-20-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture Hip</u>				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.) <u>Home yard</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West Plains Nowell Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 19 49 10 a.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell when tripped in yard</u>			
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22. I hereby certify that I attended the deceased from 7-19, 1949, to 7-22, 1949, that I last saw the deceased alive on 7-22, 1949, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.B. Stoll M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains</u>		23c. DATE SIGNED <u>7/24/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>7-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>	
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DATE REC'D BY LOCAL REG. <u>8-29-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> 379		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u> ADDRESS <u>West Plains Mo</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

RECEIVED 9/6/49

District Health Officer No. 5,

District File Number 949593

Date Filed 9/6/49

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.

Signed

*D. S. Robertson*

Signed.....

Student Embalmer

Licensed Embalmer No.

*3437*

P. O. Address

*West Plains*

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.