

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Buchanan 0117</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>18 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph, rural</u>		OR TOWN <u>0110</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EN Route to Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>RFD #4 St. Joseph</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> b. (Middle) <u>Laverne</u> c. (Last) <u>Montgomery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 28 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Aug 15 1950</u>	9. AGE (In years last birthday) <u>1</u> MONTHS <u>5</u> DAYS	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John A. Montgomery</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Burgess</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>John A. Montgomery</u> ADDRESS <u>St. Joseph</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Broncho-Pneumonia</u> ANTECEDENT CAUSES <u>Cold and Bronchitis</u> DUE TO (b) _____ DUE TO (c) <u>Baby died suddenly on the way to a hospital on account of acute illness following a cold for the two weeks preceding.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>viewed</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>491X</u>

22. I hereby certify that I attended the deceased from 1/28, 1952 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H F Mundy M.D. (Coroner)</u> (Degree or title)	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>1/29/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 1-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 5, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	25. FUNERAL DIRECTOR'S SIGNATURE: <u>Stammy Funeral Home St. Joseph Mo</u> ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed L. Dean Cole.....

Licensed Embalmer No. 4670.....

P. O. Address Savannah, Ga.....

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.