

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2525**

FILED JAN 15 1952

0940
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6074</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Mo.</u> c. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cantwell</u>		c. LENGTH OF STAY (In this place) <u>16yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cantwell</u>		<u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At. Home, Cantwell, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED a. (First) <u>Nora</u> b. (Middle) <u>Belle</u> c. (Last) <u>Montgomery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 8, 1952</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 23, 1897</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Greeley, Missouri</u>		12. COUNTRY OF WHAT COUNTRY? <u>U. S.</u>		<u>0</u>
13a. FATHER'S NAME <u>George Wisdom</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah F. Parker</u>		14. NAME OF HUSBAND OR WIFE <u>James Montgomery</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Montgomery Cantwell, Mo.</u>					
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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>1-7</u> , 19 <u>52</u> , to <u>1-8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-8</u> , 19 <u>52</u> , and that death occurred at <u>7:30m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. H. Appenberg M.D.</u>			23b. ADDRESS <u>Flour River MO</u>			23c. DATE SIGNED <u>1-11-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/10/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington MO.</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 14, 1952</u>	REGISTRAR'S SIGNATURE <u>289-0 Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. J. Boyer & Son Dealeys, Mo</u>				

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 *J. T. Boyer*

Licensed Embalmer No. *3660*

P. O. Address *Desloge Mo.*

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.