

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3922

BIRTH NO. _____		REG. DIST. NO. 13		PRIMARY REG. DIST. NO. 5058		Registrar's No. 14				
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		0051				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 602 Lincoln Street						
3. NAME OF DECEASED (Type or Print) Hugh Timothy Montgomery			a. (First)			b. (Middle)				
c. (Last)			4. DATE OF DEATH			(Month) (Day) (Year)				
Feb 22 52			5. SEX 0			6. COLOR OR RACE				
Male			White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married					
8. DATE OF BIRTH			9. AGE (In years last birthday)		# UNDER 1 YEAR		# UNDER 4 Wks.			
Oct 29 1890			61		3		23			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
Retired Merchant and Farmer				Edmond Okla		/		U.S.		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE				
Hugh Montgomery			Julia Keller			Frances				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
			493-16-1125		Frances Montgomery Monett					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion					Unknown		
			ANTECEDENT CAUSES							
			*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
			DUE TO (b)							
			DUE TO (c)							
			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"/>	
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)				
						4201				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			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 2-22, 1952, to 2-22, 1952, that last saw the deceased was DEAD on 2-22, 1952, and that death occurred at 8:30 P.M., from the causes and on the date stated above.										
23a. SIGNATURE Robert H. Wooley M.D.			23b. ADDRESS 3-23 1/2 Box Monett, Mo			23c. DATE SIGNED 2-23-1952				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE Feb 24 52		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Gaville, Barry Co. Mo.			
DATE REC'D BY LOCAL REG. 2-25-52			REGISTRAR'S SIGNATURE Oliver A. Worthington			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. Buchanan Monett Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 7 1958

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. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Moneta 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.