

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34027

State File No. _____

FILED OCT 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>125</u>		
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Nevada</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>3-4-14</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>				
d. FULL NAME OF (If from a hospital or institution, give street address or location) <u>State Hosp #3</u>				d. STREET ADDRESS (If rural, give location) <u>3833 Central</u>				
3. NAME OF DECEASED (Type or Print) <u>CORAB. MONTGOMERY</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>9-13-52</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u>		8. DATE OF BIRTH <u>9-4-80</u>		
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>0</u>		11. DAYS <u>4</u>		12. HOURS <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY		
<u>None</u>		<u>None</u>		<u>Clayton Mo</u>		<u>USA</u>		
13a. FATHER'S NAME <u>Thomas Picknell</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Shaffer</u>		14. NAME OF HUSBAND OR WIFE <u>Wid</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH						
ANTÉCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Pyelitis</u>								
DUE TO (c) <u>✓</u>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>								
19a. DATE OF OPERATION <u>13</u>		19b. MAJOR FINDINGS OF OPERATION <u>304X</u>				20. AUTOPSY! YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)				
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 <u>✓</u>				
22. I hereby certify that I attended the deceased from <u>4-29, 1949</u> to <u>5-13, 1952</u> that I last saw the deceased alive on <u>9-13-1952</u> and that death occurred at <u>10-40 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. G. Hall M.D.</u>				23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>9-13-52</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept 16, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Vernon Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-29-52</u>		REGISTRAR'S SIGNATURE <u>Arma J. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Exchange Funeral Home</u>		ADDRESS <u>Nevada Mo</u>		

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

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200
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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

Henry F. Milsby

Licensed Embalmer No. *4805*

P. O. Address *Meranda, 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.