

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37650

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 325

0105
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hosp'l</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> <u>0105</u>	
		d. STREET ADDRESS (If rural, give location) <u>608 S. 5th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u> b. (Middle) <u>S</u> c. (Last) <u>Montgomery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 7th 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>Married</u>		8. DATE OF BIRTH <u>May 2 1873</u>		9. AGE (In years last birthday) <u>79</u> If UNDER 1 YEAR Months <u>6</u> Days <u>5</u> If UNDER 12 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Silas H Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Slaughter</u>		14. NAME OF HUSBAND OR WIFE <u>J. W. Montgomery</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. W. Montgomery</u> ADDRESS <u>Columbia</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>NO</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		270	
		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>now</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>	
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22. I hereby certify that I attended the deceased from Dec-2, 1952, to Dec-7, 1952, that I last saw the deceased alive on Dec-7, 1952, and that death occurred at 12:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. C. Suggitt M.D.</u> (Degree or title)		23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>12-8-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 9, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 9 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willet Funeral Home</u> ADDRESS <u>Columbia</u>	
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JUN 13 1957

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, by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lynwood W. Spunkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.