

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41871

State File No.

DEC 22 1952

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 93

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1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY OR TOWN <u>Greenfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lilly St</u>		d. STREET ADDRESS (If rural, give location) <u>Lilly St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Ann</u> c. (Last) <u>Montgomery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb 14 / 1869</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house wife</u>		11. BIRTHPLACE (State or foreign country) <u>Dade Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Samuel Shaw</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jane Shaw</u>		14. NAME OF HUSBAND OR WIFE <u>John F. Montgomery</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Montgomery Greenfield</u>	

18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. 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 <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 12-9, 1952, to 12-10, 1952, that I last saw the deceased alive on 12-10, 1952, and that death occurred at 6:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. D. Cowan MD.</u>		23b. ADDRESS <u>Greenfield Mo</u>		23c. DATE SIGNED <u>12-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 12, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield</u>	
		24d. LOCATION (City, town, or county) <u>Greenfield</u>		(State) <u>Mo</u>	

DATE REC'D BY LOCAL REG. <u>12-17-52</u>		REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. R. Allison Greenfield Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed W. R. Allison.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4404.....

P. O. Address Greenfield 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.