S. No. 200
V. 10.48

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

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 527

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 53-3

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lilly st

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenfield
d. STREET ADDRESS (If rural, give location): Lilly st

3. NAME OF DECEASED (Type or Print)
a. (First): Susan
b. (Middle): Ann
c. (Last): Montgomery

4. DATE OF DEATH (Month) (Day) (Year): Jan 10 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Sept. 27, 1858
9. AGE (In years last birthday): 94 — If under 1 year: Months 3, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: house work
11. BIRTHPLACE (City and State or Foreign Country): Dade co mo.
12. CITIZEN OF WHAT COUNTRY?: usa

13a. FATHER'S NAME: Emsley Montgomery
13b. MOTHER'S MAIDEN NAME: Julia Ann Montgomery
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: J.B. Montgomery Greenfield Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of breast — 5 yrs.
DUE TO (c) 170X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic Heart Disease — 6 Mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-3, 1953, *to* 1-10-, 1953, *that I last saw the deceased alive on* 1-3, 1953, *and that death occurred at* 11:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lee A. McNeel Jr MD
23b. ADDRESS: Greenfield Mo
23c. DATE SIGNED: 1-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Greenfield
24d. LOCATION (City, town, or county) (State): Greenfield Mo.

DATE REC'D BY LOCAL REG.: 1-12-53
REGISTRAR'S SIGNATURE: Jr C. Canada 478
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: W.R. Allison Greenfield Mo

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield Ma

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.