

LED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18863

BIRTH NO. 30795-53 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5911 Registrar's No. 82

780  
1

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

1. PLACE OF DEATH a. COUNTY <u>Dennis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Dennis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pascola</u>		c. CITY OR TOWN <u>Rural Pascola</u>	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION	
e. STREET ADDRESS (If rural, give location) <u>Lichtenberg Farm 0780</u>			
3. NAME OF DECEASED (First) <u>Mary</u> (Middle) <u>Lee</u> (Last) <u>Montgomery</u>		DATE OF DEATH (Month) <u>May</u> (Day) <u>20</u> (Year) <u>1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>5-20-1953</u>
9. AGE (In years last birthday) <u>0</u>	10. UNDER 1 YEAR <u>0</u>	11. UNDER 1 YEAR <u>0</u>	12. UNDER 1 YEAR <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Celestine Montgomery</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Celestine Montgomery</u>		ADDRESS <u>Pascola, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown - Died without</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES <u>Due to (b) Medical Attention</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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 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) <u>7955</u>	(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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:11</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John H. German</u> (Degree or title) <u>Local Registrar</u>		23b. ADDRESS <u>Hayti, Mo</u>	23c. DATE SIGNED <u>5-20-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>County Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Hayti, Mo.</u>
DATE REC'D BY LOCAL REG. <u>5-29-53</u>	REGISTRAR'S SIGNATURE <u>John W German</u> <u>406-1</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Friends</u> ADDRESS	

6-182-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JUN 1 1953

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.....  
Signature of Student Embalmer

*not embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.