

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39534

State File No.

FILED NOV 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>160</u>	PRIMARY REG. DIST. NO. <u>5592</u>	Registrar's No. <u>165</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)		
a. COUNTY <u>Jefferson</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jefferson</u>
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Joachim</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mt. View Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>R#2</u>		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>George</u>			Nov. 8, 1953	
b. (Middle) <u>Montgomery</u>				
c. (Last) _____				
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) IF UNDER 1 YEAR (Months) IF UNDER 12 HRS. (Days) IF UNDER 2 HRS. (Hours) MIN. (Min.)
Male <input type="radio"/>	White	Widowed	Feb. 25, 1873	80 8 13
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>Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Steelville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Montgomery</u>	
				ADDRESS <u>R#2 Steelville</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Renal Disease</u>		<u>Worse 5 days</u>
		ANTECEDENT CAUSES		
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) _____		
		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 checked="" 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) (Min.)	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 <u>about Nov 1, 1953</u> , to <u>Nov. 8, 1953</u> , that I last saw the deceased alive on <u>11-7-53</u> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>R. D. Darnell, M.D.</u>		23b. ADDRESS <u>Crystal City, Mo.</u>		23c. DATE SIGNED <u>11-9-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>11/11/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gamel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11/11/53</u>	REGISTRAR'S SIGNATURE <u>Henry R. Polittle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry R. Polittle</u>		
		ADDRESS <u>Crystal City, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED NOV 17 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
Student Embalmer

Signed

Anthony R. Politi
3481

Licensed Embalmer No. _____

P. O. Address

Crestlatch

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.