

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45645

State File No.

BIRTH NO. FILED JAN 22 1954 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY SCOTT 1603		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SCOTT	
b. CITY OR TOWN SIKESTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SIKESTON 1803	
c. LENGTH OF STAY (in this place) 299RS		d. STREET ADDRESS (If rural, give location) 707 S. WEST ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION 707 S. WEST ST			

3. NAME OF DECEASED (Type or Print)	a. (First) RICHARD	b. (Middle) HENLEY	c. (Last) MONTGOMERY JR	4. DATE OF DEATH (Month) (Day) (Year) 12-28-1953
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-30-1872	9. AGE (In years last birthday) 81	# UNDER 1 YEAR 5	YEARS 28	# UNDER 24 HRS. 0	MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PET FARMER	10b. KIND OF BUSINESS OR INDUSTRY Pet Farmer	11. BIRTHPLACE (State or foreign country) BLOOMFIELD MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME RICHARD HENLEY MONTGOMERY	13b. MOTHER'S MAIDEN NAME JULIA CONRAN	14. NAME OF HUSBAND OR WIFE EFFIE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Joel Montgomery - Memphis Tenn
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 48 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE HEART FAILURE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDIAL INSUFFICIENCY DUE TO (c) 1. PULMONARY EDEMA 2. SENILITY		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10:20, 1953, to 12:28, 1953, that I last saw the deceased alive on 12-28, 1953, and that death occurred at 12:50 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Andrea B. Smith MD	23b. ADDRESS SIKESTON, MO.	23c. DATE SIGNED 30 DEC 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-29-53	24c. NAME OF CEMETERY OR CREMATORY GARDEN OF MEMORIES	24d. LOCATION (City, town, or county) (State) SIKESTON MO
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DATE REC'D BY LOCAL REG. 12-26-54	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	429	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Welch Funeral Home - Sikeston Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 18 1954

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 154-15

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

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address St. Leon 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.