

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5371**

BIRTH NO. **FILED MAR 1 1954** REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Colo.</b> b. COUNTY <b>Logan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sterling</b>	
c. LENGTH OF STAY (In this place) <b>8 days</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Delbert</b> b. (Middle) <b>Montgomery</b> c. (Last) <b>Montgomery</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 23 54</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>12/22/1904</b>		9. AGE (In years last birthday) <b>49</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck driver</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Chariton Co. Mo</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Unkown</b>		13b. MOTHER'S MAIDEN NAME <b>Unkown</b>		14. NAME OF HUSBAND OR WIFE <b>Nora Montgomery</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b> (If yes, give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Omer Lake Marceline, Mo</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>EMPHYSEMA, SECONDARY</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ASTHMATIC BRONCHITIS</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>15 years</b> <b>15 years</b>
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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) m.		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 **JAN. 15, 1954**, to **JAN 23**, 1954, that I last saw the deceased alive on **JAN 22**, 1954, and that death occurred at **5:00 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul T. Berry M.D.</b>		23b. ADDRESS <b>Marceline Mo.</b>		23c. DATE SIGNED <b>1/25/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>1/25/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Lawn</b>	
				24d. LOCATION (City, town, or county) (State) <b>Marceline, Mo</b>	

DATE RECD BY LOCAL REG. <b>1-25-54</b>		REGISTRAR'S SIGNATURE <b>M. J. Redway</b> <b>401-8</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>James M. Laughlin Marceline</b>	
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10-48  
5581  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1981 6 MAR 1

MAR 2 1981

JUN 7 1981

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 \_\_\_\_\_

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

*George J. [Signature]*  
*1432*  
*200 E. Sub 7*  
*Shawnee Mo*