

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30168**
Registrar's No. **54-79**

FILED OCT 11 1954

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4154**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give town/city) Greenfield Mo.		c. LENGTH OF STAY (in this place) yrs	c. CITY OR TOWN Greenfield Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		STREET ADDRESS (If rural, give location) n. jilly st	

3. NAME OF DECEASED (Type or Print) a. (First) Myrtle b. (Middle) Cordelia c. (Last) Montgomery	4. DATE OF DEATH (Month) (Day) (Year) Oct. 5 1954					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 29, 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Days 10	IF UNDER 24 HRS. Hours 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired house wife	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Dade Co Mo.	12. CITIZEN OF WHAT COUNTRY? usa			

13a. FATHER'S NAME Thomas Dodson	13b. MOTHER'S MAIDEN NAME Rachel Dodson	14. NAME OF HUSBAND OR WIFE Ernest Montgomery
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernest 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES 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.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 394X	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-1**, 19**54**, to **10-5**, 19**54**, that I last saw the deceased alive on **10-2**, 19**54**, and that death occurred at **2:05A** m., from the causes and on the date stated above.

23a. SIGNATURE J. O. Cowan M.D.	(Degree or title)	23b. ADDRESS Greenfield Mo	23c. DATE SIGNED 10-6-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-7-1954	24c. NAME OF CEMETERY OR CREMATORY Greenfield	24d. LOCATION (City, town, or county) (State) Greenfield Mo.

DATE REC'D BY LOCAL REG. 10-9-54	REGISTRAR'S SIGNATURE J. C. Canada 478	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allison Funeral Home Greenfield Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

290-1

1913

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

Signed *W.R. Allison*

Licensed Embalmer No. *44*

P. O. Address *Albany*

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.