

FILED AUG 9 - 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 4444

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>4444</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Doplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY OR TOWN <u>Kelly Twp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doplar Bluff Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>Rt. 1, VAN BUREN MO</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HATTIE</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>Montgomery</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 31 1955</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>August 1873</u>		9. AGE (in years last birthday) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>OSCA LOOSA IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>JAMES BARBAR</u>			13b. MOTHER'S MAIDEN NAME <u>Celinda LATHROP</u>			14. NAME OF HUSBAND OR WIFE <u>Curtis Montgomery</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>PEARL CALISON</u>				ADDRESS <u>VAN BUREN 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>Cerebrovascular accident</u>  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. <u>Fracture simple, right hip</u>						INTERVAL BETWEEN ONSET AND 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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>R#1 VAN BUREN, Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-24-55 2p.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell</u>		22. I hereby certify that I attended the deceased from <u>7-24</u> , 19 <u>55</u> , to <u>7-31</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-31</u> , 19 <u>55</u> , and that death occurred at <u>5:50p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William M. C.</u>				23b. ADDRESS <u>Doplar Bluff Mo</u>		23c. DATE SIGNED <u>8-2-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-31-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eastwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carter County MO</u>			
DATE REC'D BY LOCAL REG. <u>8/4/55</u>		REGISTRAR'S SIGNATURE <u>W. M. C.</u>		484		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. C.</u>			
						ADDRESS <u>Van Buren, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
AUG 8 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

AUG 2 9 50 AM

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 *Allen C. McGeehan*

Licensed Embalmer No. 452

P. O. Address *Newburg*

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.