

FILED OCT 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 32372BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 543

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <u>Missouri</u> <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give town or town <u>Puxico Poplar Bluff</u> )		c. LENGTH OF STAY (In this place) <u>10 yrs</u>	c. CITY OR TOWN <u>Puxico Mo,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lucy Lee Hosp</u>			e. STREET ADDRESS (If rural, give location) <u>Poplar Bluff Missouri, 1020</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bess</u>		b. (Middle) <u>Montgomery</u>	c. (Last) <u>Montgomery</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 2 55</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 26 1888</u>		9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>24</u> IF UNDER 24 HRS: Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Puxico Missouri,</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>S.A. Norrid</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Hichman</u>		14. NAME OF HUSBAND OR WIFE <u>C.F. Montgomery</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>497-16-0891</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C.F. Montgomery Puxico 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular accident.</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			4221		
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>Sept. 24, 1955</u> , to <u>Oct. 3, 1955</u> , that I last saw the deceased alive on <u>Oct. 3, 1955</u> , and that death occurred at <u>12:15 A.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John R. Loughhead, M.D.</u>			23b. ADDRESS <u>330 No. 2nd., Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>10-10-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10 5 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Puxico</u>		24d. LOCATION (City, town, or county) (State) <u>Puxico Missouri</u>
DATE REC'D BY LOCAL REG. <u>10/11/55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.L. Watkins &amp; Sons Puxico Mo,</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

RECEIVED  
OCT 17 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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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 *Mark Watkins*.....

Licensed Embalmer No. *471*.....

P. O. Address *Perkins*.....

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.