

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35020

State File No. ....

9298

FILED NOV 15 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		c. LENGTH OF STAY (If in this place) <b>22 yrs.</b>		c. CITY OR TOWN <b>St Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3240 Lafayette</b>		STREET ADDRESS (If rural, give location) <b>3240 Lafayette</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Betty</b>		b. (Middle)		c. (Last) <b>Mountjoy</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 23, 1955</b>		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>March 8, 1869</b>		9. AGE (In years last birthday) <b>86</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seamstress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rice Stix</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Clarksville Mo</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William Mountjoy</b>		13b. MOTHER'S MAIDEN NAME <b>Fielder</b>			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <b>Gaylord Sinclair</b>		ADDRESS <b>7306 Melrose</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis</b> ANTECEDENT CAUSES DUE TO (b) <b>hypertension</b> DUE TO (c) <b>Chl. nephritis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				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)		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)		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 <b>Sept 8, 1955</b> to <b>Oct 23, 1955</b> , that I last saw the deceased alive on <b>Oct 21, 1955</b> and that death occurred at <b>12:30 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Otto C. Harnoss</b>		(Degree or title)		23b. ADDRESS <b>3012 Lafayette</b>			
23c. SIGNED <b>10/24/55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>10/26/55</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Clarksville Mo</b>					
DATE REC'D BY LOCAL REG. <b>OCT 25 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J L Ziegenhein &amp; Sons</b>			
ADDRESS <b>7027 Gravois</b>		(Licensed Embalmer's Statement on Reverse Side)					

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

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Grace*

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.