

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19576**

FILED JUL 2 1956

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 203	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Putnam			
b. CITY OR TOWN Columbia		c. LENGTH OF STAY (in this place) 9 days		c. CITY OR TOWN Martintown		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 University Hospital				e. STREET ADDRESS (If rural, give location) 0860			
3. NAME OF DECEASED a. (First) Everett			b. (Middle) Robert		c. (Last) Montgomery		4. DATE OF DEATH (Month) (Day) (Year) June 24, 56
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec. 25, 1900		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Putnam County		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Pearl Montgomery		13b. MOTHER'S MAIDEN NAME Ida Clifton		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Martha Lou Dorman, Martintown, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Obstructive Emphysema 2. Cor Pulmonale				INTERVAL BETWEEN ONSET AND DEATH 4 yrs.	
		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. 3. Compensatory heart failure 4. malnutrition				6 mos. Yrs.	
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)		5271	
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 16 June, 1956 , to 24 June, 1956 , that I last saw the deceased alive on 24 June, 1956 , and that death occurred at 12:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Thomas W. Burns (Degree or title) M.D.				23b. ADDRESS 913 So. Sixth, Mo		23c. DATE SIGNED 24 June 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-21-1956	24c. NAME OF CEMETERY OR CREMATORY Martintown Cemetery		24d. LOCATION (City, town, or county) (State) Putnam County Mo.		
DATE REC'D BY LOCAL REG. June 25 1956		REGISTRAR'S SIGNATURE Mrs R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Barber Funeral Service, Columbia, Mo		ADDRESS	

WRITE PLAINLY—USING UNFADING 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.....
Licensed Embalmer No. 487
P. O. Address Alameda

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.