

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21640**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 237

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

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> |   |
| b. CITY OR TOWN <u>Bonne Terre</u>                                  | c. LENGTH OF STAY (in this place) <u>1 day</u> | c. CITY OR TOWN <u>Flat River</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>Bonne Terre Hospital</u> |  | STREET ADDRESS (If rural, give location) <u>0942</u>   |   |

|   |                                   |  |  |   |
|---|-----------------------------------|--|--|---|
| 3. NAME OF DECEASED<br>(Type or Print) <u>ETTA</u>  | a. (First) <u>ETTA</u>            | b. (Middle) <u>MAE</u>   | c. (Last) <u>MONTGOMERY</u>              | 4. DATE OF DEATH <u>JUNE 22, 1956</u>                                   |
| 5. SEX <u>FEMALE</u>  | 6. COLOR OR RACE <u>WHITE</u>     | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>    | 8. DATE OF BIRTH <u>JUNE 13, 1891</u>    | 9. AGE (In years last birthday) <u>65</u> Months <u>0</u> Days <u>9</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>Belleview, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> |   |

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <u>Joseph Dickey</u>   | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hamlin</u> | 14. NAME OF HUSBAND OR WIFE <u>Charles Montgomery</u>                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>NONE</u>               | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mae Glover</u> ADDRESS <u>Kennett City, Mo.</u> |

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  | MEDICAL CERTIFICATION                         |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  | DUE TO (b) <u>Generalized atherosclerosis</u> |  | <u>4 days</u>                    |
| ANTECEDENT CAUSES<br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | DUE TO (c) <u>Diabetes Mellitus</u>           |  | <u>Several years.</u>            |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 6/21, 1956, to 6/22, 1956, that I last saw the deceased alive on 6/22, 1956, and that death occurred at 6:20 P. m., from the causes and on the date stated above.

|  |  |   |
|--|--|---|
| 23a. SIGNATURE (Degree or title) <u>Paul L. Jones M.D.</u>           | 23b. ADDRESS <u>Flat River, Mo.</u>  | 23c. DATE SIGNED <u>6/26/56</u>                         |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>              | 24b. DATE <u>JUNE 24, 1956</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEM.</u> |
| 24d. LOCATION (City, town, or county) (State) <u>LEADINGTON, MO.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell &amp; Sons</u> ADDRESS <u>Flat River, Mo.</u> |   |
| DATE REC'D BY LOCAL REG. <u>June 26, 1956</u>                        | REGISTRAR'S SIGNATURE <u>Ether K. Rudloff</u>  |   |

JUL 13 1956

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 *R. Caldwell*

Licensed Embalmer No. *2531*

P. O. Address *Flat River*

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.