

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

State File No. **23027**

No. 300
10.48

FILED AUG 13 1956

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 371

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission.	
a. COUNTY Cape Girardeau	c. LENGTH OF STAY (In this place) 3 DYS	a. STATE Missouri	b. COUNTY Stoddard
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital	c. CITY OR TOWN Dexter	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		e. STREET ADDRESS (If rural, give location) 15 So. Hickory	10311

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) John	b. (Middle) A.	c. (Last) Montgomery	(Month) Aug.	(Day) 1,	(Year) 1956
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 5, 1863	9. AGE (In years last birthday) 93	10. IF UNDER 1 YEAR Months 1 Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Lawyer & farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Elizabethtown, Ohio		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Harry A. Montgomery	13b. MOTHER'S MAIDEN NAME Mary E. Lemert	14. NAME OF HUSBAND OR WIFE Addie Lewis Montgomery
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Addie Montgomery, Dexter, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 18 hr.?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Scutaneous		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Regretted diverticulosis of sigmoid colon. DUE TO (c) atrial fibrillation		
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 5-78x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 July 30, 1956, to Aug 1, 1956, that I last saw the deceased alive on Aug 1, 1956, and that death occurred at 9:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles F. Robinson, M.D.	23b. ADDRESS 714 Broadway Cape Girardeau, Mo.	23c. DATE SIGNED 8-7-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-4-56	24c. NAME OF CEMETERY OR CREMATORY Dexter
		24d. LOCATION (City, town, or county) (State) Dexter, Missouri

DATE REC'D BY LOCAL REG. 8-7-56	REGISTRAR'S SIGNATURE W. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey	ADDRESS Dexter, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

14-0

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.....*Lucille Rainey*.....

Licensed Embalmer No. *4987*

P. O. Address *Dexter, Mo.*

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.