

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20914**BIRTH NO. **38923-57** REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **4234** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Madison ✓			
b. CITY (If outside corporate limits, write RURAL and give township) Ironton		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Fredericktown		d. STREET ADDRESS (If rural, give location) 0620 Route # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's of the Ozarks							
3. NAME OF DECEASED (Type or Print) a. (First) Baby Danette			b. (Middle) Gay		c. (Last) Montgomery		4. DATE OF DEATH (Month) (Day) (Year) 6 13 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Newborn		8. DATE OF BIRTH 6-12-57	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 12 SEES. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ironton; Missouri		12. CITIZEN OF WHAT COUNTRY? United State	
13a. FATHER'S NAME Wilbur Eugene Montgomery			13b. MOTHER'S MAIDEN NAME Norma Jean Yancey		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 27 hrs
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perinatal Birth					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Respiratory & Febrile Membranous					
		DUE TO (c)					
		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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input 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)		7615	
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 6-12 1957 , to 6-13 1957 , that I last saw the deceased alive on 6-12 1957 , and that death occurred at 6:45 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Gay			23b. ADDRESS M.D. Ironton Mo.			23c. DATE SIGNED 6-10-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/14/57	24c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY		24d. LOCATION (City, town, or county) (State) MADISON COUNTY, MO.		
DATE REC'D BY LOCAL REG. 6-21-57		REGISTRAR'S SIGNATURE Mrs. Aris Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Adamson - FREDERICKTOWN, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed *J. Adams*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4357.....

P. O. Address FREDERICKTOWN, N......

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 this body is not embalmed, fact should be so stated above.