

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008497
STATE FILE NUMBER

FILED MAR 7 - 1958

Registration District No. 8834 Primary Registration District No. 6114 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Oran Morley Twp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Oran</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route one</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Route one</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Henry Richard Montgomery</u> First Middle Last			4. DATE OF DEATH <u>2 4 1958</u> Month Day Year		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 20, 1946</u>	9. AGE (In years last birthday) <u>11</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTH PLACE (City and state or country) <u>Morley, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Joe Montgomery</u>		
14. MOTHER'S MAIDEN NAME <u>Maud Abernathy</u>			17. INFORMANT <u>Henry Abernathy, Oran, Mo.</u> Address		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Accidentally Electrocuted</u>		INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>9140</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>Was in a galvanized tub filled with water in which instant electric heater was placed.</u>	
20c. TIME OF INJURY Hour <u>9</u> a. m. <u></u> p. m. <u></u> Month, Day, Year <u>Feb 4, 58</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Oran, Rural</u> COUNTY <u>Scott</u> STATE <u>Mo</u>
21. I attended the deceased from <u>First call after death</u> and last saw her/him alive on <u>9 p. m on the date stated above; and to the best of my knowledge, from the causes stated.</u> Death occurred at _____		
22a. SIGNATURE (Degree or title) <u>Thelma C. Buckhorns, M.D. Health Officer</u>	22b. ADDRESS <u>Benton, Mo</u>	22c. DATE SIGNED <u>2-26-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/5/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Morley Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Morley Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Liberton Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>2-27-58</u>	26. REGISTRAR'S SIGNATURE <u>Miss Ella Hunter</u>

Liberton, Mo. (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

3

DATE RECEIVED MAY 2 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 358-59

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl J. Smith

Licensed Embalmer No. 74

P. O. Address Orea

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.