

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 25 1958

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

Registrar's No.

2933

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Childrens Hospital		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 31 512 State St.	
3. NAME OF DECEASED (Type or print) First Anita Middle Faye Last Montgomery			4. DATE OF DEATH Month March Day 9 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 23, 1950	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Holey Bend, Ariz.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Clemon D. Montgomery		13b. MOTHER'S MAIDEN NAME Dorothy Sherrod	
14. NAME OF HUSBAND OR WIFE None		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 Dorothy Montgomery, Jefferson City, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Laryngotracheobronchitis		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OTHER		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home, in Jefferson City, Missouri			
20c. TIME OF INJURY Hour 3 Month, Day, Year 4 58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Jefferson City		COUNTY Mo STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 743 A on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Patricia Taylor Roemer		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 3.12.58.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-10-58		23c. NAME OF CEMETERY OR CREMATORY Dry Bayou Cemetery	
23d. LOCATION (City, town, or county) Hayti, Mo.		24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. MAR 12 '58	
26. REGISTRAR'S SIGNATURE Paul Smith Mo m 83					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

3/17

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 Elton R. Remick

Licensed Embalmer No. 4283
P. O. Address St. Louis, 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.