

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 21 1959

59-033066

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 273

ENDED

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL	Length of stay in 1b	c. CITY OR TOWN MONROE CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STELIZABETH HOSPITAL	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 212-3rd STREET	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HARVEY Middle LESTER Last MONTRAY			4. DATE OF DEATH Month AUGUST Day 26th Year 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-15-1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 11 Days 11 Hours 11 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT (RETI)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) STEELVILLE, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME MILLARD SIMMS MONTRAY		13b. MOTHER'S MAIDEN NAME PHEEBE ELIZABETH HARMON		14. NAME OF HUSBAND OR WIFE GRACE MONTRAY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs Grace Montray</i> Address <i>Monroe City, Mo</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Uremia</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Carcinomatosis</i>	
DUE TO (c) <i>Carcinoma of Stomach</i>		<i>8 mo</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>R. M. Lucke</i> (Degree or title)	22b. ADDRESS	22c. DATE SIGNED 9-1-59 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-29-59	23c. NAME OF CEMETERY OR CREMATORY ST. JUDES CEMETERY
23d. LOCATION (City, town, or county) MONROE CITY, MISSOURI		

24. FUNERAL DIRECTOR <i>Wilson Adams</i> ADDRESS MONROE CITY, MO.	25. DATE RECD. BY LOCAL REG. 9/8/59	26. REGISTRAR'S SIGNATURE <i>R. M. Lucke By H. C. Fisher</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Leslie L. Wilson _____

Licensed Embalmer No. 3014
P. O. Address Monroeville

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