

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025652

STATE FILE NUMBER

FILED VS JUL 18 1960

Primary Registration District No. 3000 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Sullivan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 6 1/2 yrs.		c. CITY OR TOWN Milan		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Nursing Home No. 1.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Montgomery, Nove (Noble)				4. DATE OF DEATH Month Day Year July 9 1960				
5. SEX Male	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-7-1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min. 9	IF UNDER 24 HR Hours Min. 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Common labor		11. BIRTHPLACE (City and state or country) Milan Mo		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME John Montgomery			13b. MOTHER'S MAIDEN NAME Nancy Parker		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) No			16. SOCIAL SECURITY NO.		17. INFORMANT Address Grace Richardson - Milan 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) Cerebral Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH Unknown Yrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized Arteriosclerosis						Unknown Yrs.		
DUE TO (c)								
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 checked="" 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 July 1, 1960 to July 9, 1960 and last saw him alive on July 7 1960 Death occurred at 5:10 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Richard N. Turner D.O.				22b. ADDRESS 800 W. Jefferson, Kirksville		22c. DATE SIGNED July 11 60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-10-1960	23c. NAME OF CEMETERY OR CREMATORY Oakwood Cems		23d. LOCATION (City, town, or county) (State) Milan - Mo				
24. FUNERAL DIRECTOR Doright Schwabe			ADDRESS Milan Mo		25. DATE RECD. BY LOCAL REG. 7-13-60	26. REGISTRAR'S SIGNATURE Dois W. Ratliff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RICHARD H. TURNER, D.O.

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 Dwight Schaefer

Licensed Embalmer No. 2667

P. O. Address Milan

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.