

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033541

LED VS AUG 22 1960

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 71

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MILAN</u> Length of stay in lb <u>4 Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SULLIVAN</u> c. CITY OR TOWN <u>MILAN</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) <u>SULLIVAN COUNTY MEMORIAL HOSPITAL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MARTHA</u> Middle <u>-</u> Last <u>MONTGOMERY</u>			4. DATE OF DEATH Month <u>AUG</u> Day <u>13</u> Year <u>1960</u>				
5. SEX <u>FE</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-28-96</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City, and state or country) <u>HUMPHREYS</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>WILLIAM THOMPSON MCKEE</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY PETERSON</u>	
14. NAME OF HUSBAND OR WIFE <u>FRANCIS MONTGOMERY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT <u>Francis Montgomery</u> Address <u>Milan</u>	

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>Cardiac</u> DUE TO (b) <u>E. Myocardial Infarction</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u> </u>
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"/> N. <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 <u> </u> 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.) <u>Milan</u>	20f. CITY, TOWN OR LOCATION <u>Milan</u>	COUNTY <u>Sullivan</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>7/28/60</u> to <u>8/1/60</u> and last saw her/him alive on <u>8/1/60</u> Death occurred at <u>10:20 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Milan, Mo</u>	
22c. DATE SIGNED <u>8-15-60</u>		23. NAME OF CEMETERY OR CREMATORY <u>Wells Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>8-15-60</u>	
23c. LOCATION (City, town, or county) <u>Milan</u>		23d. (State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Milan</u>		25. DATE RECD. BY LOCAL REG. <u>8-16-60</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		27. (State) <u>Mo</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT-OF

JAN 12 1961

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 _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Harrell Begg*

Licensed Embalmer No. 378

P. O. Address *Waco*

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