

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024247

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 283 STATE FILE NUMBER

AMENDED  
FILED JUL 17 1961

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff, Mo.</b>		c. CITY OR TOWN <b>Poplar Bluff, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dead on Arrival at Poplar Bluff Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>Route #2</b>	

3. NAME OF DECEASED (Type or print) First <b>Alton</b> Middle <b>Cleo</b> Last <b>Montgomery</b>			4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-9-19</b>	9. AGE (last birthday) <b>42</b>	IF UNDER 1 YEAR Months <b>  </b> Days <b>  </b> Hours <b>  </b> Min. <b>  </b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Midwest Dairy</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Poplar Bluff, Mo.</b>	
13a. FATHER'S NAME <b>Jake Montgomery</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Simmons</b>		14. NAME OF HUSBAND OR WIFE <b>Dorothy Montgomery</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>Yes WW 2</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Dorothy Montgomery, Poplar Bluff</b>	Address
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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) <b>Unknown</b>		
DUE TO (b) <b>Presumed to be Natural Causes</b>		
DUE TO (c) <b>Had not had a Docotor, presumed to be heart attack</b>		

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	
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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 <b>  </b> a.m. <b>  </b> p.m. <b>  </b>	Month, Day, Year <b>  </b>		

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
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21. I attended the deceased from **2:00 P.** to  and last saw her  alive on .  
Death occurred at  m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Thelma Graham</i>	(Degree or title) <b>Registrar</b>	22b. ADDRESS <b>801 Archer St. Poplar Bluff Mo.</b>	22c. DATE SIGNED <b>July 11/61</b>
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23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-7-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>	23d. LOCATION (City, town, or county) <b>Poplar Bluff, Mo</b>
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24. FUNERAL DIRECTOR <b>Frank-Cotrell Poplar Bluff, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>7/11/61</b>	26. REGISTRAR'S SIGNATURE <i>Thelma Graham</i>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

JUL 25 1961

JUL 18 1961

Embalmer

Police Dept., No.  
Head of funeral of  
Police Dept. No.

July 4, 1961

Funeral Home

Also

Alton

48-19-19

State

Missouri

West Valley

State University

Funeral Home

Funeral Home

Funeral Home

Funeral Home

M.S.

Missouri

Funeral Home

Presented to the State Board of Health

STATEMENT BY LICENSED EMBALMER

has not had a necropsy performed on the body

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 Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.