

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039896  
STATE FILE NUMBER

FILED OCT 17 1961 354

Registration District No. \_\_\_\_\_ Primary Registration District No. 4079 Registrar's No. 29

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

1. PLACE OF DEATH <b>FILED OCT 17 1961</b> CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cabool</u> Length of stay in 1b <u>10 days</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u> c. CITY OR TOWN <u>Cabool</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Hershel Damascus Montgomery</u>			4. DATE OF DEATH Month Day Year <u>10/4/1961</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</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>11/30/1919</u>	9. AGE (last birthday) <u>41</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Caruthersville, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Henry D. Montgomery</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lunyou</u>			
13c. NAME OF HUSBAND OR WIFE <u>Doris Montgomery</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>WW II</u>					
17. INFORMANT Address <u>Doris Montgomery, Cabool, Mo.</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>gunshot wound in head.</u> INTERVAL BETWEEN ONSET AND DEATH <u>(10 min.)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>self inflicted with a .22 Cal. rifle.</u> DUE TO (c) <u>bullet lodged in left side of head.</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"/> 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 checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>victim shot self in under part of chin</u>			
20c. TIME OF INJURY Hour <u>10-4-61</u> Month, Day, Year p.m.		with .22 caliber shot. Bullet lodged in brain.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Motel</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Cabool, Texas, Missouri</u>			
21. I attended the deceased from <u>10/4/61</u> to _____ and last saw <u>her</u> <u>him</u> alive on _____ Death occurred at <u>approx.</u> <u>3:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James L. Gentry (Coroner)</u>			22b. ADDRESS <u>Cabool, Mo.</u>		22c. DATE SIGNED <u>10-9-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/6/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Texas County, Mo.</u>		
24. FUNERAL DIRECTOR <u>Elliott-Gentry Funeral Home, Cabool</u>			25. DATE RECD. BY LOCAL REG. <u>10-11-61</u>	26. REGISTRAR'S SIGNATURE <u>Raynell Cunningham</u>			

NOV 9 1961

OCT 18 1961

OCT 30 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James L. Bentley*

Licensed Embalmer No. 4718

P. O. Address Calboon, 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.