

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0014144

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 44 MY FILED 11 64

Primary Registration District No. 5236 Registrar's No. 20

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 0200  
2 0201  
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4 1  
5 2  
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7 1  
8 2  
9 X  
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11 020  
12 90.3  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boat Township</u>		Length of stay in 1b <u>3 yrs</u>	c. CITY OR TOWN <u>El Dorado Spgs. Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>221 W Spring St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MABEL-MAE-MONTGOMERY</u>			4. DATE OF DEATH Month Day Year <u>4-26-1964</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-23-1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	9. AGE (last birthday) <u>60</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>3</u> IF UNDER 24 HR: Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>Allen, Neb</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>	
13a. FATHER'S NAME <u>Isaac Boyle</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Hinde</u>	
14. NAME OF HUSBAND OR WIFE <u>Albert Montgomery</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>619</u>		17. INFORMANT <u>Dixie Fox</u> Address <u>Sioux City, Ia</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>Crushed Chest</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 checked="" 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.) <u>Auto Accident</u>	
20c. TIME OF INJURY Hour <u>12:45</u> p.m. Month, Day, Year <u>4-26-64</u>		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>Highway #32</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Mid. El Dorado Spgs Cedar, Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>11 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Max W. Dickering Coroner</u>		22b. ADDRESS <u>El Dorado Spgs Mo 52364</u>	
22c. DATE SIGNED <u>4-30-1964</u>		23. NAME OF CEMETERY OR CREMATORY <u>Anna Effe Cem</u>	
23a. BURIAL / CREMATION, REMOVAL (Specify) <u>burial</u>		23d. LOCATION (City, town, or county) (State) <u>1 1/2 S.E. Jerico Spgs. Mo</u>	
24. FUNERAL DIRECTOR <u>Dr. P. Long, Jerico Spgs Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5/5/1964</u>	
26. REGISTRAR'S SIGNATURE <u>Joe E. Durham Jr. SDR</u>			

2013200

2013200

MAY 13 1964

MAY 20 1964

**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 A. Long*  
\_\_\_\_\_

Licensed Embalmer No. 3714

P. O. Address *James A. Long*

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.