

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0030600

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 202

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 22 1967

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Windsor		c. CITY OR TOWN Windsor	
Length of stay in lb 3 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		d. STREET ADDRESS (if outside, give location) 206 E. Jackson	
3. NAME OF DECEASED (Type or print) First ORION Middle G. Last MONTGOMERY		4. DATE OF DEATH Month July Day 31 Year 1967	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/14/73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 93
11. BIRTHPLACE (City and state or country) Wendon, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Moses Montgomery		13b. MOTHER'S MAIDEN NAME Elizabeth Steinbeck	14. NAME OF HUSBAND OR WIFE Ololia
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. 497-14-1409	17. INFORMANT L. F. Montgomery K.C. No. 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) Acute Cardio-Respiratory Collapse DUE TO (b) Acute Influenzal Pneumonia DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH 2 hrs. 4 days.		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	
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.	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 <u>3-17-64</u> to <u>7-31-67</u> and last saw ^{him} _{her} alive on <u>7-31-67</u> Death occurred at <u>7</u> P. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Claude M. Thurber, M.D.</i>		22b. ADDRESS <i>Windsor, Mo.</i>	
22c. DATE SIGNED <i>8/2/67</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 2, 1967	23c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery	23d. LOCATION (City, town, or county) (State) Odessa, Missouri
24. FUNERAL DIRECTOR Hasman-Sparks Odessa, Missouri		25. DATE RECD. BY LOCAL REG. Aug 14, 67	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>

AUG 23 1967

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 *Andrew H. Alley*

Licensed Embalmer No. 5220

P. O. Address Windsor, 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.