

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15771

State File No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0124

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 207 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff <u>0124</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp.		d. STREET ADDRESS (If rural, give location) 1610 North Woodrow	
3. NAME OF DECEASED a. (First) Rachel Elizabeth b. (Middle) Wilson c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 21, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Aug. 24, 1881
9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 7	IF UNDER 6 HRS. Days 27	IF UNDER 6 HRS. Hours 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Butler County Mo.
13a. FATHER'S NAME Benjamin F. Montgomery		13b. MOTHER'S MAIDEN NAME Isabella Shepherd	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruby Smith Poplar Bluff Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-14</u> , 19 <u>51</u> , to <u>4-21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-21</u> , 19 <u>51</u> , and that death occurred at <u>10:45 A.M.</u> on the causes and on the date stated above.			
23a. SIGNATURE Wm. H. Johnson (Degree or title)		23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 5-10-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 23, 51	24c. NAME OF CEMETERY OR CREMATORY Montgomery Family Plot	24d. LOCATION (City, town, or county) (State) Butler County Mo.
DATE REC'D BY LOCAL REG. May 14 1951	REGISTRAR'S SIGNATURE Wm. H. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE Frank Cotrell	ADDRESS Poplar Bluff Mo.

RECEIVED

MAY 22 1951

BUTLER CO. HEALTH CENTER

FILE No. 551-218

MAY 27 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Grove W. Green

Signed.....
Student Embalmer

Licensed Embalmer No. 2964

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 this body is not embalmed, fact should be so stated above.