

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

209

State File No.

FILED FEB 5 1952

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4044 Registrar's No. 5

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>BOONE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STURGEON</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STURGEON</u> <u>0100</u> | |
| c. LENGTH OF STAY (in this place) <u>32 years</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |
| 3. NAME OF DECEASED a. (First) <u>ELMER THOMAS</u> b. (Middle) <u>MONTGOMERY</u> c. (Last) <u>MONTGOMERY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25-1952</u> |
| 5. SEX <u>0</u> | 6. COLOR OR RACE <u>MALE</u> <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>MAY 5, 1887</u> |
| 9. AGE (in years last birthday) <u>64</u> | | 10. MONTHS <u>8</u> DAYS <u>20</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT-RETIRED</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>PREEMPTION, ILL.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>THOMAS MONTGOMERY</u> | | 13b. MOTHER'S MAIDEN NAME <u>ENMA ROBINSON</u> | |
| 14. NAME OF WIDOWED OR (WIFE) <u>MARY 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>✓</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mary E. Montgomery</u> | | ADDRESS <u>Sturgeon, Mo.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant Hypertension</u> DUE TO (c) <u>Cardio Rrenal disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia</u> | |
| INTERVAL BETWEEN ONSET AND DEATH <u>244</u> | | <u>3 mos</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>441-X</u> | |
| 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>Nov 18, 1951</u> , to <u>Jan 25, 1952</u> , that I last saw the deceased alive on <u>Jan 24, 1952</u> , and that death occurred at <u>1 P.M.</u> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Mary E. Montgomery</u> (Degree or title) | | 23b. ADDRESS <u>Sturgeon, Mo.</u> | |
| 23c. DATE SIGNED <u>1-25-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>JAN. 27-1952</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE IS</u> | | 24d. LOCATION (City, town, or county) (State) <u>STURGEON - Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 28-1952</u> | | REGISTRAR'S SIGNATURE <u>Maud McBride</u> <u>30-0</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Barnes & Booth, Sturgeon, Mo.</u> | | ADDRESS | |

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

AUG 5 1956

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.....
Student Embalmer

Signed.....

R.E. Boothe
Licensed Embalmer No. 4087

P. O. Address Sturgeon, Ma.

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.