

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41519

State File No.

No. 300
10.48

FILED JAN 5 1953

BIRTH NO. - REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 345

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| 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>Columbia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> <u>0105</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>205 Louch St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE</u> | b. (Middle) <u>MONTGOMERY</u> | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 23, 1952</u> |
|---|-------------------------------|-----------|---|

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|--------------------|-------------------------------|---|--|---|------------------------|-----------------------|-------|------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>June 20th 1876</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|---|--|---|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Cleaning</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Amelia Montgomery</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | 17. INFORMANT'S SIGNATURE OR NAME <u>Laura Herndon</u> ADDRESS <u>Columbia Mo.</u> |
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| 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, aneurysm, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPOSTATIC PNEUMONIA</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDIAL DECOMPENSATION</u> | | <u>3 WKS</u> |
| | DUE TO (c) <u>CHR. MYOC. DEGENERATION</u> | | <u>SEVERAL YEAR</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture, R-Humerus</u> | | <u>Sanctity</u> | <u>4 WKS</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4222 F</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>Columbia Boone Mo</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 DEC 9, 1952, to DEC 23, 1952, that I last saw the deceased alive on DEC. 23, 1952, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

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| 23. SIGNATURE <u>Maurice E. Cooper</u> (Degree or title) | 23b. ADDRESS <u>Columbia Mo</u> | 23c. DATE SIGNED <u>Dec 24, 1952</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-29-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Columbia</u> | 24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec 29 1952</u> | REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart Palmer</u> ADDRESS <u>Columbia Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

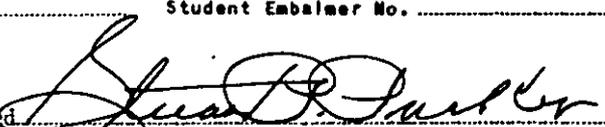
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 2900

P. O. Address Columbia, 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 this body is not embalmed, fact should be so stated above.