

FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9354

STATE FILE NUMBER

28

Registration District No. 200 Primary Registration District No. 3041 Registrar's No.

1. PLACE OF DEATH a. COUNTY MACON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MACON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MACON MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ATLANTA		0610 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Browns Rest Home			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Addie Belle Montgomery				4. DATE OF DEATH 3-4-1957					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 5-25-1882		9. AGE (In years last birthday) 74	
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 (City and state or country) MACON CO. MO		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
13. FATHER'S NAME HENRY Shultheiss				14. MOTHER'S MAIDEN NAME MARY ANN McMAHAN					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.		17. INFORMANT R.L. Montgomery - ATLANTA, 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) Uremia DUE TO (b) Chronic Nephritis + Precipitancy DUE TO (c) Cerebral Vascular Accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH 2 mos 2 yrs 2 yrs	
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 Month, Day, Year 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 2-16-57 to 3-4-57 and last saw her alive on 3-9-57 Death occurred at 3 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.								22b. ADDRESS MACON	
22a. SIGNATURE (Degree or title) D. L. Rurden D.D.				22c. DATE SIGNED 3-10-57					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-7-1957		23c. NAME OF CEMETERY OR CREMATORY ELMER Cemetery		23d. LOCATION (City, town, or county) (State) ELMER - MO			
24. FUNERAL DIRECTOR Theo H. Goodding - ATLANTA, MO.				25. DATE RECD. BY LOCAL REG. 3/11/57		26. REGISTRAR'S SIGNATURE Ruth McNeely			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

4

Health,
Welfare
Public
Service

County File No. 3,578
Date Filed 3/19/57

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 Theo. H. Goodding Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Theo. H. Goodding

Licensed Embalmer No. 39

P. O. Address Atlanta, Ga.

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.