

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 5 8 1

FILED VS. DEC 21 1959 164

Registration District No. 3032 Registrar's No. 168

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Johnson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Length of stay in 1b 1 week		c. CITY OR TOWN Chilhowee		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burriss Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 2			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MUADE Middle ELLEN Last MONTAGUE			4. DATE OF DEATH Month Dec Day 17 Year 1959						
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 1/18/91	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY x		11. BIRTHPLACE (City and state or country) Adrian, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Robert Askew		13b. MOTHER'S MAIDEN NAME Margaret Young		14. NAME OF HUSBAND OR WIFE J.W. Montague					
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. 499-42-8133		17. INFORMANT Address J.W. Montague, Chilhowee, 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) Bilateral pneumonia DUE TO (b) Cardiac failure DUE TO (c) Nephritis & Nephrocalcinosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus						INTERVAL BETWEEN ONSET AND DEATH 2 days 1 month			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)		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					
20c. TIME OF INJURY Hour 11:45 Month 12 Day 18 Year 59 s.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.) Warrensburg Johnson Mo	20f. CITY, TOWN, OR LOCATION Warrensburg Johnson Mo	COUNTY	STATE			
21. I attended the deceased from 1957 to 12-18-59 and last saw him/her alive on 12-18-59 Death occurred at 11:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE R. Lee Cook M.D. (Degree or title)				22b. ADDRESS Warrensburg Mo	22c. DATE SIGNED 12-19-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/27/59	23c. NAME OF CEMETERY OR CREMATORY Carpenter		23d. LOCATION (City, town, or county) Chilhowee, Mo.		(State)			
24. FUNERAL DIRECTOR Cook Funeral Home, Chilhowee, Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. 12-19-59	26. REGISTRAR'S SIGNATURE Savannah Hutchinsfield 4 East West Dept-					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

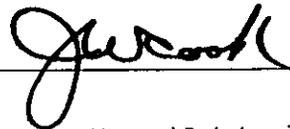
MAR 29 1960

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 _____



Licensed Embalmer No. 4335

P. O. Address Chilhowee

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.