

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029923

FILED VS AUG 29 1960

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 38

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KEYTESVILLE TWP</u>		Length of stay in 1b	c. CITY OR TOWN <u>BRUNSWICK</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>H I WAY 24</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>302 HERRING</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>BILLY - LEE MONTGOMERY</u>			4. DATE OF DEATH Month Day Year <u>8 - 25 - 1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-30-1931</u>	9. AGE (last birthday) <u>29</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STATION ATTENDANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FUEL & TIRES</u>	11. BIRTHPLACE (City and state or country) <u>SLATER MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>ARCH MONTGOMERY</u>	13b. MOTHER'S MAIDEN NAME <u>THELMA CRUMBAUGH</u>	14. NAME OF HUSBAND OR WIFE <u>GWEN MONTGOMERY</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 8-5-52 - 4-5-54</u>	16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT <u>Gwen Montgomery BRUNSWICK Mo.</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
IMMEDIATE CAUSE (a) <u>Fractured Skull</u>	DUE TO (b) <u>Automobile accident</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Automobile Hit Bridge Railing</u>
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20c. TIME OF INJURY Hour <u>1:20</u> a.m. Month, Day, Year <u>8 - 25 - 1960</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #24 2.94 N of town of Keytesville Mo.</u>	20f. CITY, TOWN, OR LOCATION <u>Chariton</u>	COUNTY <u>Mo.</u>	STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at 1:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Dr. Grant H. Coover of Chariton County Keytesville Mo.</u>	(Degree or title)	22b. ADDRESS <u>Keytesville Mo.</u>	22c. DATE SIGNED <u>8/26/1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-27-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BRUNSWICK CITY Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>BRUNSWICK Mo.</u>

24. FUNERAL DIRECTOR <u>L. E. McCurry Brunswick Mo.</u>	ADDRESS <u>Brunswick Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-27-60</u>	26. REGISTRAR'S SIGNATURE <u>Opal L. Spence</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 8 1960

AUG 31 1960

SEP 1 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. E. McCurry

Licensed Embalmer No. 4806
P. O. Address Brunswick

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.