

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037618

FILED VS. OCT 24 1960 43

Primary Registration District No. 3007 Registrar's No. 563

STATE FILE NUMBER

INDEXED

| | | | | | | | | | | | | | |
|--|--|---|--|---|---|--|---|--|--------------------------------------|---|--|----------------|--|
| 1. PLACE OF DEATH a. COUNTY Butler | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo. | | Length of stay in 1b | | c. CITY OR TOWN Poplar Bluff | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1099 So. 13th St. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 1099 So. 13th | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First John Middle O Last Montgomery | | | | 4. DATE OF DEATH Month Sept. Day 2 Year 1960 | | | | | | | | | |
| 5. SEX Male | | 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 2-26-86 | | 9. AGE (last birthday) 74 | | 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) | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | 11. BIRTHPLACE (City and state or country) Benton, Ark. | | 12. CITIZEN OF WHAT COUNTRY U.S. | | | |
| 13a. FATHER'S NAME John Montgomery | | | | 13b. MOTHER'S MAIDEN NAME Annie Jeannes | | | | 14. NAME OF HUSBAND OR WIFE Willie Mae Montgomery | | | | | |
| 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. Unknown | | 17. INFORMANT Address Mrs. Montgomery, Poplar Bluff, 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) Cerebral Hemorrhage DUE TO (b) Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 week | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Paraplegia due to Pilonous Gonyx | | | | | | | | 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 | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) | | | | | | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 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 1958 to 2 Sept 1960 and last saw her alive on 1 Sept 1960 Death occurred at 12:30 Am. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE [Signature] (Degree or title) MD | | | | | | 22b. ADDRESS 321 Oak Park Blvd | | | 22c. DATE SIGNED 17 Oct 60 | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 9-3-60 | | 23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens | | | 23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. | | | | | | |
| 24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo. ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. 10/17/60 | | 26. REGISTRAR'S SIGNATURE [Signature] | | | | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 24 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

Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Poplar Bl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.