

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033705

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registered Deceased No. 38 Primary Registration District No. 3006 Registrar's No. 544

STATE FILE NUMBER

VS 300 Rev. 4/59
 0109
 2/020
 3
 4 0
 5 2
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 7 1
 8 1
 9 2040
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 123-0
 133-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 DATE AMENDED
 DOCUMENT
 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Webster		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in lb 19 days	c. CITY OR TOWN Seymour		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) William Winfield Scott Montgomery			4. DATE OF DEATH September 23, 1962		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-10-79	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Winterset, Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Robert Montgomery		13b. MOTHER'S MAIDEN NAME Elvina McCullough		14. NAME OF HUSBAND OR WIFE Minnie Albertson	
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. NONE	17. INFORMANT Robert D. Montgomery Hazelwood, 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) Chronic Lymphoid Leukemia					INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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	
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)		
20c. TIME OF INJURY Hour 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 November 4, 1960 to September 23, 1962 and last saw him alive on Sept. 23, 1962 Death occurred at 4:55 pm CST. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or Title) Walter McHenry Evans M.D.			22b. ADDRESS Ellis Fischel Hosp.		22c. DATE SIGNED 9-23-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept. 25, 1962	23c. NAME OF CEMETERY OR CREMATORY LAUREL COMMUNITY	23d. LOCATION (City, town, or county) LAUREL	COUNTY Neb.	STATE
24. FUNERAL DIRECTOR BERGMAN-Miller		ADDRESS MANSFIELD Mo.	25. DATE RECD. BY LOCAL REG. Sept 25 1962	26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

OCT 2 1962

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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Manassas 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.