

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-005026

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 763

STATE FILE NUMBER

FILED FEB 25 1963

VS 300
Rev. 4/59

1 0017
2 0610
3 2
4 0
5 2
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7 0
8 2
9 4221
10
11
12 3-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville Length of stay in 1b _____
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Inside Limits: Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY MACON
c. CITY OR TOWN ATLANTA Inside Limits: Yes No
d. STREET ADDRESS (If outside, give location) _____ Reside on Farm: Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Roswell L. Montgomery
4. DATE OF DEATH Month Day Year
2-9-1963

5. SEX MALE 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-15-1886 9. AGE (last birthday) 76 IF UNDER 1 YEAR: Months 1 Days 24 Hours _____ Min. _____ IF UNDER 24 HR: _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FATHER 10b. KIND OF BUSINESS OR INDUSTRY FARMING 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Edward Montgomery 13b. MOTHER'S MAIDEN NAME NANCY Bealmear 14. NAME OF HUSBAND OR WIFE Addie Belle Shultheiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No 16. SOCIAL SECURITY NO. 653 17. INFORMANT Address Mrs. Ethel Elliott - LaPlata, Mo

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Degeneration INTERVAL BETWEEN ONSET AND DEATH unknown
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) Azotemia; Generalized Arteriosclerosis PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 1-12-63 to 2-9-63 and last saw him live on 2-9-63. Death occurred at 8:10 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard P. Valuck DO 22b. ADDRESS Laughlin Hospital 22c. DATE SIGNED 2-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 2-12-1963 23c. NAME OF CEMETERY OR CREMATORY ELMER 23d. LOCATION (City, town, or county) (State) Elmer Missouri

24. FUNERAL DIRECTOR Theo H. Goodding ADDRESS Atlanta, Mo 25. DATE RECD. BY LOCAL REG. Feb 19 1963 26. REGISTRAR'S SIGNATURE Dorrel W. Ratliff

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued Feb 9, 1963

RICHARD P. VALUCK, D.O.

Kirkville
Lindbergh
Rosenell

MAY 29 1963

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 Thos H. Goodding

Licensed Embalmer No. 3982

P. O. Address Atlanta, 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.

100-1000

MISSOURI
HEALTH

5 - 4 - 1963

MISSOURI BOARD OF HEALTH
ST. LOUIS, MISSOURI

MISSOURI

THOS H. GOODDING