

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007562

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. _____

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300
 Rev. 4/59

10595

208602

3

4 1

5 2

6

7 1

8 2

9 422.1

10

11

12 86-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 27 1963

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY LIVINGSTON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY PUTNAM | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE | | c. CITY OR TOWN UNIONVILLE | |
| Length of stay in 1b 8 DAYS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SUSAN'S NURSING HOME | | d. STREET ADDRESS (If outside, give location) 2312 WASHINGTON | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First NELLIE Middle MOLINE Last MONTGOMERY | | | 4. DATE OF DEATH Month FEBRUARY Day 21 Year 1963 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/25/1876 |
| 9. AGE (last birthday) 86 | | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | 11. BIRTHPLACE (City and state or country): VAN BUREN CO. IOWA |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME WILLIAM B. MILES | |
| 13b. MOTHER'S MAIDEN NAME MARY D. PERRY | | 14. NAME OF HUSBAND OR WIFE ENOCH 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. _____ | |
| 17. INFORMANT MERLE HUSTED, UNIONVILLE, MISSOURI | | Address _____ | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis | | | INTERVAL BETWEEN ONSET AND DEATH ? |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis | | | ? |
| 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 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 UNIONVILLE COUNTY _____ STATE _____ | |
| 21. I attended the deceased from Feb 1963 to Feb 21-1963 and last saw her/him/live on Feb. 19-1963 . Death occurred at 11:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Joseph F. Dale, M.D.</i> (Degree or title) | | 22b. ADDRESS Chillicothe, Mo | |
| 22c. DATE SIGNED 2-22-63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 2/24/63 | |
| 23c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEMETERY | | 23d. LOCATION (City, town, or county) UNIONVILLE, MISSOURI (State) | |
| 24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: Chillicothe, Mo. | | 25. DATE RECD. BY LOCAL REG. Feb. 23, 1963 | |
| 26. REGISTRAR'S SIGNATURE <i>Annalee Taylor</i> | | | |

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

120
121
- 4
- 4
0-28

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

Elton Norman

Licensed Embalmer No. 4036

P. O. Address CHILlicothe, MISSOURI

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.

DR. GALE