

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047778

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 6

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

FILED JAN 7 1964

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u> | | Length of stay in 1b <u>30 Min.</u> | c. CITY OR TOWN <u>Cypress Twp. Pattonburg (Rural)</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Holl Mem Hosp.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>9. Mile South Bethany</u> |
| 3. NAME OF DECEASED <u>George</u> First Middle Last | | 4. DATE OF DEATH <u>12-31-63</u> Month Day Year | |
| 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>6-9-99</u> |
| 9. AGE (last birthday) <u>64</u> | | IF UNDER 1 YEAR Months <u>6</u> Days <u>22</u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | 11. BIRTHPLACE (City and state or country) <u>Nebraska</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | | 13a. FATHER'S NAME <u>George Thomas Montgomery</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Laura Lowry</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dolores Montgomery</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> | | 16. SOCIAL SECURITY NO. <u></u> | 17. INFORMANT Address <u>Dolores Montgomery Pattonburg Mo</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarct</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> | | | |
| 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 <u></u> s.m. <u></u> p.m. <u></u> | 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 <u>December 31, 1963</u> to <u>Dec. 31, 1963</u> and last saw him alive on <u>Dec. 31, 1963</u> Death occurred at <u>4:15</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Watkins Professor MD</u> (Degree or title) | | 22b. ADDRESS <u>Bethany, Missouri</u> | 22c. DATE SIGNED <u>1-2-64</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>1-3-64</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial</u> | 23d. LOCATION (City, town, or county) (State) <u>Bethany Mo</u> |
| 24. FUNERAL DIRECTOR <u>Mrs. [Name] Bethany Mo.</u> ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>1-3-1964</u> | 26. REGISTRAR'S SIGNATURE <u>Opella Massey</u> |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF
 DOCUMENT
 MEDICAL CERTIFICATION
 DATE AMENDED
 1 0411
 2 0410
 3 1
 4 0
 5 1
 6
 7 1
 8 2
 9 12-01
 10
 11
 12 1-0
 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

MAR 3 1964

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 W. B. Hooper

Licensed Embalmer No. 3899

P. O. Address Bethany 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.