

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041454

FILED VS DEC 15 1959

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 470

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Francois	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre	a. STATE Mo.	b. COUNTY St. Francois
Length of stay in 1b		c. CITY OR TOWN Bonne Terre	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oak St. Bonne Terre, Mo.		d. STREET ADDRESS Oak Street	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First Golda	Middle Mae	Last Montgomery	Month December	Day 8
Year 1959				
5. SEX Female	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 Aug. 23, 1913	9. AGE (last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Valles Mines, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Alex Jennings	13b. MOTHER'S MAIDEN NAME Maggie Jane Patterson	14. NAME OF HUSBAND OR WIFE Jesse E. 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. 490-03-9485	17. INFORMANT Jesse E. Montgomery, Bonne Terre, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Chronic glomerulo nephritis		5 yrs.
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) Rheumatic heart disease		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 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 4-16-56 to 12-7-59 and last saw her him alive on 12-7-59
Death occurred at 9:30 p. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Jack W. Fuller M.D.</i>	(Degree or title)	22b. ADDRESS Bonne Terre, Mo.	22c. DATE SIGNED 12-10-59
--	-------------------	----------------------------------	------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 11, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Francois Mem. Park Rt. 1, Bonne Terre, Mo.	23d. LOCATION (City, town, or county) (State)
---	----------------------------	--	--

24. FUNERAL DIRECTOR Sparks Funeral Home, Bonne Terre, Mo.	25. DATE RECD. BY LOCAL REG. Dec. 10-59	26. REGISTRAR'S SIGNATURE <i>Ether Redloff</i>
---	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 8 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene Sparks

Licensed Embalmer No. 4287
P. O. Address Bonnieville W

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.