

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7879**

FILED APR 1 1952

BIRTH NO. _____		REG. DIST. NO. 96		PRIMARY REG. DIST. NO. 4158		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Dallas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Dallas			
b. CITY (If outside corporate limits, write RURAL and give town) Buffalo		c. LENGTH OF STAY (in this place) 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Buffalo		1305	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) J			
3. NAME OF DECEASED (Type or Print)		a. (First) Edward		b. (Middle) Everett		c. (Last) Montgomery	
4. DATE OF DEATH (Month) (Day) (Year) MAR-16-52		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2	
8. DATE OF BIRTH Aug-13-1870		9. AGE (In years last birthday) 81		10. MONTHS 7		11. DAYS 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Laclede Co Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Horvey Montgomery		13b. MOTHER'S MAIDEN NAME Mary Stokes		14. NAME OF HUSBAND OR WIFE Flossie Montgomery			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME M.R. Clyde Montgomery			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH two hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential hypertension				unknown	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Surgery for repair of fracture of neck of right femur on 3-10-52					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X F				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-7-52 , 19___, to 3-16-52 , 19___, that I last saw the deceased alive on 3-13-52 , 19___, and that death occurred at 5:20 AM. , from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i>				23b. ADDRESS Buffalo, Missouri		23c. DATE SIGNED 3-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-20-52		24c. NAME OF CEMETERY OR CREMATORY Liberty Cem		24d. LOCATION (City; town, or county) (State) Dallas Co. MO	
DATE REC'D BY LOCAL REG. 3-23-52		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Grace Petree 80 Montgomery-Vaughan - Buffalo, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1300
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MAY 8
1952

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Allen W. Vaughan.....

Licensed Embalmer No. 4156.....

P. O. Address Urbana, 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 this body is not embalmed, fact should be so stated above.