

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15261**BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6083** Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nelson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackwater	
c. LENGTH OF STAY (in this place) 4 hrs		d. STREET ADDRESS (If rural, give location) No Street No.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Main St.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) William	b. (Middle) Z.	c. (Last) Montgomery	(Month) Apr	(Day) 10	(Year) 1952

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 14, 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 26	IF UNDER 6 HRS. Hours 	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Hand		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Monroe, County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME James T. Montgomery		13b. MOTHER'S MAIDEN NAME Rosetta Hufford		14. NAME OF HUSBAND OR WIFE Henrietta Montgomery			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 702-14-4717		17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Cornine, Nelson, Mo		ADDRESS 	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage - Instinct		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Blackwater, Mo.** April 10, 1952, to **April 10, 1952**, that I last saw the deceased alive on **April 10, 1952**, and that death occurred at **10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE P. L. Lawless, Coroner Saline Co.	(Degree or title) 	23b. ADDRESS Mass Hall, Mo.	23c. DATE SIGNED 4-11-52
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/13/52	24c. NAME OF CEMETERY OR CREMATORY Salt Fork cemetery	24d. LOCATION (City, town, or county) (State) Rural Cooper County, Mo.
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DATE REC'D BY LOCAL REG. 4/13/52	REGISTRAR'S SIGNATURE Sidney J. Gray	2. FUNERAL DIRECTOR'S SIGNATURE Alvan C. Cuning	ADDRESS Sedalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1970
3

APR 21 1952

APR 23 1922

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
Student Embalmer

Signed P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.