

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24037**

DATE AUG 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4153** Registrar's No. **66**

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

1. PLACE OF DEATH a. COUNTY <b>Dade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Dade</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood</b>		d. STREET ADDRESS (If rural, give location) <b>12-96</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>5</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Soverin</b>		b. (Middle) <b>P</b>		c. (Last) <b>Montgomery</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>aug. 1 1952</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Oct. 8, 1871</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>23</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>vernon co mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Wm. Montgomery</b>			13b. MOTHER'S MAIDEN NAME <b>Albina Seybert</b>			14. NAME OF HUSBAND OR WIFE <b>Lou Montgomery</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lou Montgomery Lockwood Mo.</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignancy (abdominal)</b> <b>(Cholecystitis)</b> ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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 <b>7-2-1952</b> to <b>8-1-1952</b> , that I last saw the deceased alive on <b>7-31-1952</b> , and that death occurred at <b>1:00 p.m.</b> from the causes and on the date stated above.									
23a. SIGNATURE <b>W.D. Combs M.D.</b> (Degree or title)				23b. ADDRESS <b>Lockwood Mo</b>		23c. DATE SIGNED <b>8-3-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8-3-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lockwood</b>		24d. LOCATION (City, town, or county) (State) <b>Lockwood Mo</b>				
DATE REC'D BY LOCAL REG. <b>8-3-52</b>		REGISTRAR'S SIGNATURE <b>Geo. H. Weisly J. P. Canada</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W.R. Allison Greenfield Mo</b>					

(Licensed Embalmer's Statement on Reverse Side)

**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 W. P. Allison

Licensed Embalmer No. 4407

P. O. Address Greenfield, 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.