

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27459

State File No. _____

FILED AUG 13 1953

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6168 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Lincoln"</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Lincoln" 1040</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Rt 1, Salem mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>Edgar Montgomery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1953</u>		
a. (First) <u>Edgar</u>	b. (Middle) <u>Montgomery</u>		c. (Last)		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 18-1906</u>	9. AGE (Last birthday) <u>47</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>25</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		11. BIRTHPLACE (City and State, or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Will Montgomery</u>		13b. MOTHER'S MAIDEN NAME <u>Almeda Bowling</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Montgomery</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Opal Montgomery Salem mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular renal disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 June 24 1953, to July 13, 1953, that I last saw the deceased alive on July 13, 1953, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Dred D. Nommoch M.D.</u>		22b. ADDRESS <u>Crane mo</u>		22c. DATE SIGNED <u>Aug 16 53</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/15/53</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mary Hill</u>	
23d. LOCATION (City, town, or county) (State) <u>Berry Co mo</u>		24. DATE REC'D BY LOCAL REG. <u>AUG 13 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George H. Manlove Crane mo</u>	
REGISTRAR'S SIGNATURE <u>Glyde A. Bridges</u>					

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

10-1-1918

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, George H. Moore

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed George H. Moore

Licensed Embalmer No. 3827

P. O. Address Crane 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.