S. No. 300
Rev. 10-48

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

FILED OCT 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35092

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1115

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 2 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Platte 0830
c. CITY OR TOWN: Edgerton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ /
e. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) Warren b. (Middle) Levi c. (Last) Montgomery
4. DATE OF DEATH (Month) (Day) (Year): Oct. 20, 1953
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Feb. 13, 1906
9. AGE (In years last birthday): 47 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Garage Service Man
10b. KIND OF BUSINESS OR INDUSTRY: Retail
11. BIRTHPLACE (City and State or Foreign Country): Camden Point, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John Albert Montgomery
13b. MOTHER'S MAIDEN NAME: Sarah Katherine Hair
14. NAME OF HUSBAND OR WIFE: Ruby Montgomery
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-03-8825
17. INFORMANT'S SIGNATURE OR NAME: J.A. Montgomery ADDRESS: Edgerton, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism, Pulmonary — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Head injury
DUE TO (c) Auto accident

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Contusions of chest & abdomen. Laceration of face. Fracture mandible

19a. DATE OF OPERATION: 10-20-53
19b. MAJOR FINDINGS OF OPERATION: See above
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) near Edgerton, Mo (COUNTY) Platte (STATE) Mo. 083
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-20-53 P.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car turned over

22. *I hereby certify that I attended the deceased from* 10-20-, 1953, *to* 10-20-, 1953, *that I last saw the deceased alive on* 10-20-, 1953, *and that death occurred at* 8:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul Jorgran (Degree or title) M.D.
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 10-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-21-53
24c. NAME OF CEMETERY OR CREMATORY: Hebron Cemetery
24d. LOCATION (City, town, or county) (State): Edgerton, Mo.

DATE REC'D BY LOCAL REG.: Oct 23, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE: Herman W. Siedenfaden
ADDRESS: 1802 Union St. St. Joseph, Mo.
(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 embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Robert H. Yaple.....

Licensed Embalmer No. 3308

P. O. Address St Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.