

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20986**No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5244		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Schwanis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Troy		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: St John's Hospital				e. STREET ADDRESS (If rural, give location) 0570				
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Douglas c. (Last) Montgomery			4. DATE OF DEATH (Month) (Day) (Year) 6 9 1954					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 11-7-1921		
9. AGE (in years last birthday) 32		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 Hrs. _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Worker			10b. KIND OF BUSINESS OR INDUSTRY Wipacola-Mercury		11. BIRTHPLACE (City and State or Foreign Country) Troy Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Luther Montgomery			13b. MOTHER'S MAIDEN NAME Ethel Cropper		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Willie Montgomery ADDRESS Troy Mo			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Poly cystic Kidneys ANTECEDENT CAUSES 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 Congenital	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7571				
22. I hereby certify that I attended the deceased from 9/8 1951 , to 6/9 1954 , that I last saw the deceased alive on 6/9 1954 , and that death occurred at 5:45 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Edward J. Becker MD				23b. ADDRESS 205 Frieco Bldg		23c. DATE SIGNED 6/10/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-10-54		24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		24d. LOCATION (City, town, or county) (State) Troy Mo		
DATE REC'D BY LOCAL REG. JUN 11 1954		REGISTRAR'S SIGNATURE Carlo Smith MD		FUNERAL DIRECTOR'S SIGNATURE Wayne McCoy		ADDRESS Troy Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 7

JUN 24

AUG 5 1954

JUN 27 1955

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.....
Signature of Student Embalmer

Signed.....
J. Allen [Signature]

Licensed Embalmer No. 400

P. O. Address St L

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**