

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41560**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **4264** Registrar's No. **233**

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY OR TOWN <b>Conway</b>	c. LENGTH OF STAY (In this place) <b>35 yrs.</b>	c. CITY OR TOWN <b>Conway</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Conway</b>		STREET ADDRESS (If rural give location) <b>No St. Address</b> <b>0530</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Roy</b> b. (Middle) <b>Montgomery</b> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 14, 1954</b>					
5. SEX <b>M</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 10th 1891</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>4</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auto mechanic</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Dallas Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Marion Montgomery</b>	13b. MOTHER'S MAIDEN NAME <b>Lou Sherick</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Montgomery</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>500-05-6108</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Margaret Montgomery</b> ADDRESS <b>Conway 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angina pectoris</b>		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Extra exertion</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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Conway Mo. Laclede</b>
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? <b>4202</b>

22. I hereby certify that I attended the deceased from **12-14**, 19**54** to **12-24**, 19**54** that I last saw the deceased alive on **12-14**, 19**54** and that death occurred at **7:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. Lindsey</b> (Degree or title) _____	23b. ADDRESS <b>M.D. Conway Mo.</b>	23c. DATE SIGNED <b>12-17-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/17/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Graceland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Conway Mo.</b>
DATE REC'D BY LOCAL REG. <b>12-17-1954</b>	REGISTRAR'S SIGNATURE <b>Hella L. Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.E. Holman</b> ADDRESS <b>Lebanon, Mo.</b>	

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

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NOV 18 1954

Received 12-27-54  
Laclede County Health Unit  
File No. 219  
Date Filed 12-28-54

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 Dorsey M. Howe

Licensed Embalmer No. 422

P. O. Address Lebanon

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.