

FILED SEP 4 1956

State File No.

BIRTH NO.		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>104</u>		
1. PLACE OF DEATH a. COUNTY <u>COOPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>COOPER</u>				
b. CITY OR TOWN <u>BOONVILLE</u>		c. LENGTH OF STAY (in this place) <u>3 Wk</u>		c. CITY OR TOWN <u>BOONVILLE</u>		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 <u>ST JOSEPH HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>1201 RURAL ST.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUDEN</u> b. (Middle) <u>M.</u> c. (Last) <u>MONTGOMERY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 22 56</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 7, 1987</u>		
9. AGE (in years last birthday) <u>68</u>		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) <u>LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>BOONVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>CLINTON - MONTGOMERY</u>			13b. MOTHER'S MAIDEN NAME <u>JENNETA - OVERTON</u>		14. NAME OF HUSBAND OR WIFE <u>MABEL MONTGOMERY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-07-2947</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MABEL MONTGOMERY</u> ADDRESS <u>BOONVILLE</u>				
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) <u>Renal failure; cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Glomerulo-nephritis and</u> DUE TO (c) <u>acute glomerulonephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 Wks</u> <u>?</u> <u>Two months</u>	
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)		21d. HOW DID INJURY OCCUR? <u>593x</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <u>7/21/56</u> , 19 <u>56</u> , to <u>8/22</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8/22</u> , 19 <u>56</u> , and that death occurred at <u>3:50 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>E. T. Humphreys M.D.</u> (Degree or title)				23b. ADDRESS <u>Boonville, Mo</u>		23c. DATE SIGNED <u>8/25/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug-27, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETARY</u>		24d. LOCATION (City, town, or county) (State) <u>BOONVILLE MO</u>		
DATE REC'D BY LOCAL REG. <u>8/25/56</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MAY-PARKER</u> ADDRESS <u>814 S. PORTER</u>				

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 *Edward H. Gruyer*.....

Licensed Embalmer No. *4991*.....

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