

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42221

STATE FILE NUMBER

FILED JAN 7 1957

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 1

|   |                           |   |                                   |   |  |  |  |
|---|---------------------------|---|-----------------------------------|---|--|--|--|
| 1. PLACE OF DEATH   |                           |   |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |  |  |  |
| a. COUNTY<br>MONROE   |                           | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>MONROE CITY  |                                   | a. STATE<br>MISSOURI  |  | b. COUNTY<br>MONROE  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>MONROE CITY  |                           | Inside Limits<br>OR<br>TOWN<br>MONROE CITY  |                                   | c. CITY<br>OR<br>TOWN<br>MONROE CITY  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                 |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION<br>401 S. Locust St   |                           | Length of stay in 1b<br>73 Yrs  |                                   | d. STREET<br>ADDRESS<br>401 S. Locust St  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                |  |
| 3. NAME OF DECEASED (Type or print)   |                           |   |                                   | 4. DATE OF DEATH  |  |  |  |
| First Middle Last<br>EUGENE FRANCIS MONTGOMERY  |                           |   |                                   | Month Day Year<br>DEC 31, 1956  |  |  |  |
| 5. SEX<br>MALE  | 6. COLOR OR RACE<br>WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>FEBY 16, 1883 | 9. AGE (In years last birthday)<br>73   | IF UNDER 1 YEAR<br>Months Days Hours Min.<br>10 15 | IF UNDER 24 HRS.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>PAINTER  |                           | 10b. KIND OF BUSINESS OR INDUSTRY   |                                   | 11. BIRTHPLACE (City and state or country)<br>MONROE COUNTY, MISSOURI                 |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.   |  |
| 13. FATHER'S NAME<br>JAMES SAMUEL MONTGOMERY  |                           |   |                                   | 14. MOTHER'S MAIDEN NAME<br>CORDELIA PIKE   |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>NO  |                           | 16. SOCIAL SECURITY NO.<br>496-18-3808  |                                   | 17. INFORMANT<br>Eugene S. Montgomery   |  | Address<br>Monroe City, Mo   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hypertensive pneumonia</u><br>DUE TO (b) <u>Cerebral hemorrhage</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                           |   |                                   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>3 days<br>2 year.  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   |                           |   |                                   |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>    |  |
| 20a. ACCIDENT <input type="checkbox"/>  |                           | SUICIDE <input type="checkbox"/>  |                                   | HOMICIDE <input type="checkbox"/>   |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)<br>331X |  |
| 20c. TIME OF INJURY.<br>Hour Month, Day, Year<br>a. m. p. m.  |                           |   |                                   |   |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |                                   | 20f. CITY, TOWN, OR LOCATION<br>MONROE CITY, MISSOURI                                 |  | STATE  |  |
| 21. I attended the deceased from 1-7-53 to 12-31-56 and last saw her alive on 12-31-56<br>Death occurred at 4:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.  |                           |   |                                   |   |  |  |  |
| 22a. SIGNATURE<br>F. M. Sumner, D.O.  |                           |   |                                   | 22b. ADDRESS<br>Monroe City, Mo.  |  | 22c. DATE SIGNED<br>1-2-57   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>BURIAL   |                           | 23b. DATE<br>1-2-57   |                                   | 23c. NAME OF CEMETERY OR CREMATORY<br>HOLY ROSARY CEMETERY                            |  | 23d. LOCATION (City, town, or county) (State)<br>MONROE CITY, MISSOURI                               |  |
| 24. FUNERAL DIRECTOR<br>Wilsont Sons  |                           |   |                                   | ADDRESS<br>Monroe City, Mo  |  | 25. DATE RECD. BY LOCAL REG.<br>1-2-57   |  |
| 26. REGISTRAR'S SIGNATURE<br>Elsie Robertson  |                           |   |                                   |   |  |  |  |

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-  
by me, or by me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Lester L. Shroy.....

Licensed Embalmer No. 30

P. O. Address Union

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