Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037250
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN: Granby — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Kimbrough Rest Home — Length of stay in 1b: 2 Wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Newton
c. CITY OR TOWN: Stella — Inside Limits: Yes [X] No [ ]
0730 STREET ADDRESS: None (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: George Middle: Washington Last: Montgomery

4. DATE OF DEATH: Month: Oct. Day: 12 Year: 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] 0 DIVORCED [ ]

8. DATE OF BIRTH: June 4, 1888

9. AGE (In years last birthday): 70 — 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): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Shoe Merchant

11. BIRTHPLACE (City and state or country): Shell City, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Franklin Marion Montgomery

13b. MOTHER'S MAIDEN NAME: Melinda J. Webster

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 449-14-8686

17. INFORMANT: Mr. Frank Sellars Address: Miami, Oklahoma

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 30 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) With mention of senile psychosis — 1 week
DUE TO (c) 334X
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? YES [ ] NO [X] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 17-58, to 10-12-58 and last saw ~~her~~ him alive on 10-10-58
Death occurred at 5:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Melvin McCullough DO

22b. ADDRESS: Neosho Mo

22c. DATE SIGNED: 10/13/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-14-1958

23c. NAME OF CEMETERY OR CREMATORY: Macedonia Cemetery

23d. LOCATION (City, town, or county) (State): Stella, Missouri

24. FUNERAL DIRECTOR ADDRESS: Floyd E. Shewmake Jr. Granby, Mo.

25. DATE RECD. BY LOCAL REG.: Oct 14 1958

26. REGISTRAR'S SIGNATURE: M. L. Young

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED
District Health Officer No. Newton
District File Number 1058-216
Date Filed OCT 20 1958

MAY 26 1959

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 Floyd E. Stewart
Licensed Embalmer No. 4923
P. O. Address Box 57 Granby, 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.