MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-002471
STATE FILE NUMBER

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 31

FILED FEB 5 1962

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lebanon
Length of stay in 1b: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wallace Memoral Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Laclede
c. CITY OR TOWN: Lebanon
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 225 Route 2 St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Oma Agnes Middle: Last: Montgomery
4. DATE OF DEATH: Month: 1 Day: 26 Year: 62
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/23/85
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): State of Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Pete MYers
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: General Montgomery
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: –
17. INFORMANT: General Montgomery Address: Lebanon, Mo.

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) Myocarditis. C
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial Degeneration
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: Weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Dermatitis. arms + Legs
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 1-14-1962 to 1-26-1962 and last saw her alive on 1-25-1962
Death occurred at 3:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): [illegible] M.D.
22b. ADDRESS: Lebanon Mo.
22c. DATE SIGNED: 1-26-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Buril
23b. DATE: 1/28/62
23c. NAME OF CEMETERY OR CREMATORY: Dotson Cemetery
23d. LOCATION (City, town, or county) (State): Lebanon Mo.
24. FUNERAL DIRECTOR: Douglas Grusivald ADDRESS: Lebanon Mo
25. DATE RECD. BY LOCAL REG.: 1-28-1962
26. REGISTRAR'S SIGNATURE: Ella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 James Douglas Grunwald

Licensed Embalmer No. 5099

P. O. Address Lebanon, 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.