

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042578

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6183 Registrar's No. 86

FILED OCT 23 1963

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>POLK TWP</u>		Length of stay in lb <u>3 MONTHS</u>	c. CITY OR TOWN <u>MILAN</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SPENCER NURSING HOME</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>MILAN MO</u>
3. NAME OF DECEASED First Middle Last <u>EDWARD LEROY MONTGOMERY</u>			4. DATE OF DEATH Month Day Year <u>OCT 15 1963</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-6-72</u>
9. AGE (last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GEN FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETAIL FEED + PRODUCE</u>	11. BIRTHPLACE (City and state or country) <u>MILAN MO</u>
13a. FATHER'S NAME <u>HIRAM DEWITT MONTGOMERY</u>		13b. MOTHER'S MAIDEN NAME <u>EMILY VANE WHITE</u>	14. NAME OF HUSBAND OR WIFE <u>BLANCHE MONTGOMERY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>NO</u>		16. SOCIAL SECURITY NO. <u>M.F. MONTGOMERY</u>	17. INFORMANT Address <u>MILAN</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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.)	
20c. TIME OF INJURY Hour 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 COUNTY STATE <u>Milwaukee Sullivan MO</u>
21. I attended the deceased from <u>July 18 1958</u> to <u>Oct 15 1963</u> and last saw him alive on <u>Oct 15 1963</u> . Death occurred at <u>7:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>Milwaukee Sullivan MO</u>	22c. DATE SIGNED <u>10/16/63</u>
23a. BURIAL PREPARATION, REMOVAL (Specify) <u>Funeral Home</u>	23b. DATE <u>Oct 17 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Truett</u>	23d. LOCATION (City, town, or county) (State) <u>Milwaukee (Mo) MO</u>
24. FUNERAL DIRECTOR <u>[Signature]</u>	ADDRESS <u>Milwaukee</u>	25. DATE RECD. BY LOCAL REG. <u>10-19-63</u>	26. REGISTRAR'S SIGNATURE <u>Mrs M.W. Beckitt</u>

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

VS 300 Rev. 4/59	
1 <u>1050</u>	
2 <u>1050</u>	
3 <u>2</u>	
4 <u>0</u>	
5 <u>1</u>	
6 <u>0</u>	
7 <u>0</u>	
8 <u>2</u>	
9 <u>331X</u>	
10	
11	
12 <u>86-0</u>	
13 <u>20</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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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 *Russell Piggie*

Licensed Embalmer No. 3792

P. O. Address *Mela 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.