

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19189

State File No. ....

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <u>373</u>		PRIMARY REG. DIST. NO. <u>4545</u>		Registrar's No. <u>33</u>				
1. PLACE OF DEATH a. COUNTY <u>Webster</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Laclede</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshfield</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Conway</u>		OR TOWN <u>0530</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Not Named</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u>			b. (Middle) <u>Clarence</u>			c. (Last) <u>Montgomery</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>May 29, 1950</u>										
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 4, 1925</u>				
9. AGE (In years last birthday) <u>25</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 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 <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Roy Montgomery</u>			13b. MOTHER'S MAIDEN NAME <u>Maggie Gann</u>			14. NAME OF HUSBAND OR WIFE <u>Flr Montgomery</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Montgomery</u>			ADDRESS <u>Conway Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shotgun wound</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>in head - self</u> DUE TO (c) <u>inflected.</u>  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH  <u>E976X</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) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshfield Webster Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>May 29 1950 12:07 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE <u>K.K. Kelley</u>				5 (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Fordland Mo</u>		23c. DATE SIGNED <u>6-29-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-30-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Conway Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Conway Missouri</u>				
DATE REC'D BY LOCAL REG. <u>6/7/50</u>		REGISTRAR'S SIGNATURE <u>J. Francis</u>			372		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur Bruce</u>		ADDRESS <u>Marshfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 5 1950

District Health Office No. 6,

District File Number 650-644

Date Filed 6-3-50

SEP 10 1963

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Arthur Bruce*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4723

P. O. Address

*Marshfield, Mass*

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 this body is not embalmed, fact should be so stated above.