

FILED SEP 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32348

BIRTH NO. REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6139 Registrar's No. 80

1. PLACE OF DEATH

a. COUNTY SHELBY

b. CITY (If outside corporate limits, write RURAL and give township) RURAL-BLACK CREEK

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION SHELBY, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MO. b. COUNTY SHELBY

c. CITY (If outside corporate limits, write RURAL and give township) RURAL-BLACK CREEK

d. STREET ADDRESS (If rural, give location) SHELBY, MO.

3. NAME OF DECEASED

a. (First) GEORGE b. (Middle) EDWARD c. (Last) MONTGOMERY

4. DATE OF DEATH (Month) (Day) (Year) 8-15-1950

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 9-10-1884 9. AGE (In years last birthday) 65

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (State or foreign country) MACON, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MICHEL MONTGOMERY 13b. MOTHER'S MAIDEN NAME WILLEY TOOLEY 14. NAME OF HUSBAND OR WIFE MRS. GEORGE E. MONTGOMERY

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

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME H.D. MONTGOMERY ADDRESS

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial disease

ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH ?

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1950 to Aug 15, 1950, that I last saw the deceased alive on Aug 13, 1950, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE P.C. Archer M.D. (Degree or title) 23b. ADDRESS Shelbyville MO 23c. DATE SIGNED 8-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 8-17-50 24c. NAME OF CEMETERY OR CREMATORY MT. SALEM 24d. LOCATION (City, town, or county) (State) macon Co. Mo.

DATE REC'D BY LOCAL REG. Sept-18-50 REGISTRAR'S SIGNATURE Ada Garrison 419 25. FUNERAL DIRECTOR'S SIGNATURE Albert Skinner ADDRESS Mo

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

020
1

AUG 13 1950

Date Received: SEP 25 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-1
Date Filed: SEP 27 1950

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.....
Student Embalmer

Signed.....

Albert Skinner

Licensed Embalmer No. 757

P. O. Address *Madison, 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 this body is not embalmed, fact should be so stated above.