

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 13620

550

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5650 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERONA R-2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>VERONA MOR-2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>ANN</u> c. (Last) <u>MONTGOMERY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 14-1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 11-1865</u>
9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>	11. BIRTHPLACE (State or foreign country) <u>LAWRENCE CO. MISSOURI</u>
13a. FATHER'S NAME <u>HEMUEL ALLEN</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah SPRINGER</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCES B</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Reheira - fractured hip</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>May 13</u> , 19 <u>43</u> , to <u>April 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 13</u> , 19 <u>50</u> , and that death occurred at <u>10 30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>P. R. Holmes M.D.</u>		23b. ADDRESS <u>Int. Vernon 9700</u>	
23c. DATE SIGNED <u>4-15-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 16, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CAMPGROUND</u>		24d. LOCATION (City, town, or county) (State) <u>VERONA RT #2 Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 24-51</u>		REGISTRAR'S SIGNATURE <u>Osw Mc Nett</u> ¹⁵⁷	
52. LOCAL DIRECTOR'S SIGNATURE <u>Oscar L. March</u>		ADDRESS <u>Verona, Mo.</u>	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 31 1957

Dist. File 157-260

Date Filed 1-31-57

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

Myself

Student Embalmer No. 349

working under my personal supervision.

Signed

Gene Parrent
Student Embalmer

Signed

Osman L. Marsh

Licensed Embalmer No. 5812

P. O. Address

Quincy 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.