

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

NOV 19 1953

05403

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

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5979</u>		Registrar's No. <u>143</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Brighton East Looney Idstadt</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Belivar</u>		d. STREET ADDRESS (If rural, give location) <u>084 1/2</u> <u>327 E. College</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				3. NAME OF DECEASED a. (First) <u>Harry</u> b. (Middle) <u>Elkela</u> c. (Last) <u>Montgomery</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6 1953</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 22 1908</u>	
9. AGE (In years last birthday) <u>45</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Store Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Supply</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Hugh C. Montgomery</u>		13b. MOTHER'S MAIDEN NAME <u>Idis Shumate</u>		14. NAME OF HUSBAND OR WIFE <u>Heled T. Montgomery</u>	
15. HAS 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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Heled T. Montgomery</u> ADDRESS <u>Belivar 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Chest Injuries</u> ANTECEDENT CAUSES <u>Skull Fractures</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on highway 13</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Brighton Polk Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 6, 1953 10:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 7, 1953</u> , to _____, 19____, that I last saw the deceased alive on <u>Nov. 7, 1953</u> , and that death occurred at <u>10:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William B. Erwin</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Belivar Mo.</u>		23c. DATE SIGNED <u>Nov 10 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 11, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Slater Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 10, 1953</u>		REGISTRAR'S SIGNATURE <u>Ralph Garden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwid + Blue</u> ADDRESS <u>Belivar Mo</u>			

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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 _____
Student Embalmer

Signed William B. Egan

Licensed Embalmer No. 3092

P. O. Address Salina, 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.