

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17681**

FILED JUN 15 1954

BIRTH NO. _____ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **4519** Registrar's No. **88**

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CABOOL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CABOOL	
c. LENGTH OF STAY (In this place) 40 yrs.		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) DAMASCUS c. (Last) MONTGOMERY			4. DATE OF DEATH (Month) (Day) (Year) JUNE 2 - 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH MAR. 29, 1885	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WAYNE CO., MO.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William MONTGOMERY		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MARY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE, OR NAME ADDRESS Clade Montgomery, Cabool	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		DUE TO (b) _____			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Generalized Arteriosclerosis			
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 332 X	
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 **June 1, 1949**, to **June 1, 1954**, that I last saw the deceased alive on **June 1, 1954**, and that death occurred at **3:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harriet E. Logan		23b. ADDRESS Cabool MO		23c. DATE SIGNED June 4/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-4-54		24c. NAME OF CEMETERY OR CREMATORY CEDAR GROVE	
24d. LOCATION (City, town, or county) (State) DENT CO., MO.		25. FUNERAL DIRECTOR'S SIGNATURE James L. Santy		ADDRESS Cabool	
DATE REC'D BY LOCAL REG. 6-6-54		REGISTRAR'S SIGNATURE Raynell Cunningham 325-0			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

710
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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.

Signed.....
Student Embalmer

Signed

James L. Gentry

Licensed Embalmer No. *4718*

P. O. Address

Calool, 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.