No. 300
10.48

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19961

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5974 Registrar's No. 67

0840
1

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Polk
c. LENGTH OF STAY (In this place): 19 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Mi. S.W. of Polk Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Polk
d. STREET ADDRESS (If rural, give location): 4 Mi. S.W. of Polk Mo

0840

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): May
c. (Last): Montgomery

4. DATE OF DEATH (Month) (Day) (Year): June 25 1954

5. SEX: F
6. COLOR OR RACE: wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 18 1867
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 6 Days 7 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and State or Foreign Country): Jones County Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Philip H. Lewis
13b. MOTHER'S MAIDEN NAME: Margaret Jane Cronkhite
14. NAME OF HUSBAND OR WIFE: Wm. Henry Montgomery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs. E. H. Ripple Polk Mo

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
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
4201
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) m.: ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the* ~~*deceased*~~ viewed *from* June 25, 1954, *to* _____, 19____, *that I last saw the deceased* ~~*alive on*~~ June 25, 1954, *and that death occurred at* 1:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard B. Easley Coroner Polk Co.
23b. ADDRESS: Bolivar Mo
23c. DATE SIGNED: 6/26/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 27/54
24c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery
24d. LOCATION (City, town, or county) (State): Sac City Iowa

DATE REC'D BY LOCAL REG.: June 26, 1954
REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon
258-0
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Forrin & Blue Bolivar Mo
(Licensed Embalmer's Statement on Reverse Side)

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

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 Willard D. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.