

FILED OCT 31 1955

STANDARD CERTIFICATE OF DEATH

32751
32751
State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Washington.</u>	c. LENGTH OF STAY (In this place) <u>3 MO.</u>	c. CITY OR TOWN <u>Washington.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital.</u>		e. STREET ADDRESS (If rural, give location) <u>210 Lafayette St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence (Monty)</u>		b. (Middle)	c. (Last) <u>Montgomery</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23rd, 1955.</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 2nd, 1893.</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Corp of Engineers.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Engineer.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Walnut, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Albert Montgomery.</u>	13b. MOTHER'S MAIDEN NAME <u>Daisy Dir.</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Montgomery.</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes. World War No. 1.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Montgomery Washington, Mo.</u>	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9-13-55 to 10-23-55</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Arterio sclerosis</u>		
	DUE TO (c) <u>331X</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Myelitis, Coronary thrombosis not determined</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	
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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?
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22. I hereby certify that I attended the deceased from 7-13-55, 1955, to 10-23, 1955, that I last saw the deceased alive on 10-22, 1955, and that death occurred at 2:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. M. ... M.D.</u>		23b. ADDRESS <u>705 W. Washington Mo.</u>	23c. DATE SIGNED <u>10-24-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation.</u>	24b. DATE <u>Oct. 26, 1955.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory,</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/24/55</u>	REGISTRAR'S SIGNATURE <u>L. E. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kieburg & Vitt Inc. Washington, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1 1955

NOV 1 1955

NOV 28 1955

NOV 7 1955

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.....
Signature of Student Embalmer

Signed *Jerome F Swoboda*

Licensed Embalmer No. *44*

P. O. Address *Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.