

27547

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300

10.48

FILED AUG 7 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>6257</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Near Silos, Mo.</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		<u>2269</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ligan Sup.</u>				d. STREET ADDRESS (If rural, give location) <u>1117 S. 14th St. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) <u>H.</u>		c. (Last) <u>MONTGOMERY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-24-53</u>
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>July 6, 1914</u>	
9. AGE (In years last birthday) <u>39</u>		10. USUAL OCCUPATION (Give kind of work and a fairing most of working life, even if retired) <u>Refugee in the Chem.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sales</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cattusson, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Hubert Montgomery</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Mae Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Margarette Beach</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>yes</u> <u>World War II</u>		16. SOCIAL SECURITY NO. <u>496-12-9354</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margarette Montgomery</u>		ADDRESS <u>St. Louis, 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>Heart Failure</u>  ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Fatigue</u>  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>444X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Silos</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Wayne Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 24 1953 6:00 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <u>Margaret E. Bawler, Coroner</u>				22b. ADDRESS <u>Piedmont, Mo.</u>		22c. DATE SIGNED <u>7/26/1953</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-26-53</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		23d. LOCATION (City, town, or county) (State) <u>Piedmont, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 31, 1953</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u>		460		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harmon H. Bush</u>	
						ADDRESS <u>Piedmont, Mo.</u>	

(Licensed Embalmers' Statements on Reverse Side)

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

RECEIVED

AUG 5 1953

WAYNE CO. HEALTH CENTER

FILE No. 853-37

AUG 11 1953

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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Merwin E Bowler*

Licensed Embalmer No. 4446

P. O. Address Piedmont, 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.