

CERTIFICATE OF DEATH

REGISTRAR'S NO. - 56

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY <input type="checkbox"/> IN THIS TOWN <input type="checkbox"/> IN ARIZONA 3 Wks. 13 Dxs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE California B. COUNTY Riverside	
C. CITY OR TOWN Miami		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Hemet	
D. FULL NAME OF HOSPITAL OR INSTITUTION Miami-Inspiration Hospital		D. STREET ADDRESS Hemet		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Marshall B. (MIDDLE) C. (LAST) Montgomery			4. SEX Male	5. COLOR OF RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
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8B. NAME OF SPOUSE Marie Montgomery		7. DATE OF BIRTH MONTH 5 DAY 12 YEAR 1887	8. AGE (IN YEARS) (LAST BIRTHDAY) 77 Yrs	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Proprietor
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9B. KIND OF BUSINESS OR INDUSTRY Rental Prop, Texas	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. None
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14A. FATHER'S NAME Brown Montgomery	14B. BIRTHPLACE (STATE OR COUNTRY) Ireland	15A. MOTHER'S MAIDEN NAME Unknown	15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
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16. INFORMANT'S SIGNATURE <i>Marshall Montgomery</i>		ADDRESS Miami, Ariz.	17. DATE OF DEATH (MONTH) (DAY) (YEAR) Dec. 4, 1958
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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 2. THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <i>Coronary insufficiency</i>		
	DUE TO (B) <i>as above</i>		
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (C)	
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Cardiac failure</i>			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM *Nov 15, 1958* TO *Dec 4, 1958* THAT I LAST SAW THE DECEASED ALIVE ON *12-4-58*, IN _____, AND THAT DEATH OCCURRED AT *2:10 P.M.* FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <i>[Signature]</i>	22B. ADDRESS Miami Ariz	22C. DATE SIGNED
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23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
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23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?
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24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE Dec 6, 1958	25C. NAME OF CEMETERY OR CREMATORY Colorado City, Texas.	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
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26A. DATE REC'D BY LOCAL REG. Dec 5-58	26B. REGISTRAR'S SIGNATURE <i>[Signature]</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	27B. ADDRESS
28. EMPLOYER'S SIGNATURE <i>[Signature]</i>		29. EMBALMER'S CERT. NO. 147-11	

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