

No. 300  
10.48

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6637  
Registrar's No. 1273

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3158	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 807 Forest 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) DONALD c. (Last) MONTGOMERY			4. DATE OF DEATH (Month) (Day) (Year) 2 8 52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 7/21/92	9. AGE (In years last birthday) 59	10. F UNDER 1 YEAR Months 6 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Railway		11. BIRTHPLACE (State or foreign country) Elmira, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Thomas E. Montgomery	13b. MOTHER'S MAIDEN NAME Hannah Margaret ?	14. NAME OF HUSBAND OR WIFE Nancy Dunlavy Divorced 150
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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)	16. SOCIAL SECURITY NO. 702-09-8665	17. INFORMANT'S SIGNATURE OR NAME Nancy B. Montgomery	ADDRESS 807 Forest K.C.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung with Generalized metastasis		2 mos
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 16.3 X

22. I hereby certify that I attended the deceased from Dec. 16, 1951, to Feb 8, 1952, that I last saw the deceased alive on Feb 8, 1952, and that death occurred at 5:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Mo. Pac. Hosp.	23c. DATE SIGNED Feb 8, 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/11/52	24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. FEB 9 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster, Inc.	ADDRESS 6633 Clayton R
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1273. (Licensed Embalmer's Statement on Reverse Side)

MAR 6 1954

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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address \_\_\_\_\_

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.