

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28136**
3816

FILED SEP 13 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		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 Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 35 yrs.		d. STREET ADDRESS (If rural, give location) 2230 East 70th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2230 East 70th Street		e. STREET ADDRESS (If rural, give location) 2230 East 70th Street	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Francis c. (Last) LA MOUNTAIN			4. DATE OF DEATH (Month) (Day) (Year) August 27, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 1, 1883		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Yard Master		10b. KIND OF BUSINESS OR INDUSTRY Kansas City Terminal		11. BIRTHPLACE (City and State or Foreign Country) Detroit, Michigan	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Francis X. LaMountain		13b. MOTHER'S MAIDEN NAME Evelyn Hall	
14. NAME OF HUSBAND OR WIFE Alice E. LaMountain		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 703-03-8592	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice E. LaMountain		17. ADDRESS 2230 E. 70th, KC, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion, acute		INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CONDITIONS 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. previous occlusion 1949		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from 6/17, 1952 , to 8/27, 1952 , that I last saw the deceased alive on 8/26, 1952 , and that death occurred at _____ m., from the causes and on the date stated above.		23a. SIGNATURE Donald Kirk Piper (Name or title)	
23b. ADDRESS 22314 Northman Bldg. N. C. Mo		23c. DATE SIGNED 8/27/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8-22-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
25. FUNERAL DIRECTOR'S SIGNATURE Mollody-MoGilley-Eylar		25. ADDRESS Kansas City, Mo.		DATE REC'D BY LOCAL REG. 8-28-52	

25. FUNERAL DIRECTOR'S SIGNATURE **Mollody-MoGilley-Eylar** ADDRESS **Kansas City, Mo.**

DATE REC'D BY LOCAL REG. **8-28-52**

REGISTRAR'S SIGNATURE **Heraldine Holmes**

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 _____

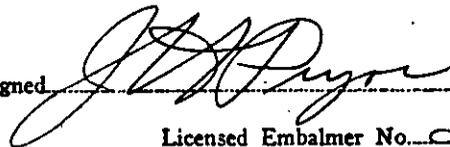
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 5999

P. O. Address 100 C 7th

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.