

35319

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 407

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 Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence <u>0485</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 710 E. Kansas		d. STREET ADDRESS (If rural, give location) 710 E. Kansas	

3. NAME OF DECEASED (Type or Print) a. (First) MRS. KATHERINE b. (Middle) B. c. (Last) MONTGOMERY			4. DATE OF DEATH (Month) (Day) (Year) Oct. 11, 1952		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 20, 1876	9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Independence, Mo.
				12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Bolen Purcell	13b. MOTHER'S MAIDEN NAME Katherine J. Best	14. NAME OF HUSBAND OR WIFE T. Lee Montgomery
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Helen M. Housewright	ADDRESS Indep, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Atherosclerosis change DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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)
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?

22. I hereby certify that I attended the deceased from Oct 5, 1952, to Oct 10, 1952, that I last saw the deceased alive on Oct 9, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. C. Hickerson (Degree or title) M.D.	23b. ADDRESS 128 W Lexington	23c. DATE SIGNED Oct 12-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 14, 1952	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Indep, Mo.
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DATE REC'D BY LOCAL REG. 10-14-52	REGISTRAR'S SIGNATURE [Signature] 354-	25. FUNERAL DIRECTOR'S SIGNATURE Old + Mitchell	ADDRESS Indep, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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 *Wm*

working under my personal supervision.

Student Embalmer No.

Signed

Henry A. Mitchell

Signed.....
Student Embalmer

Licensed Embalmer No. *925*

P. O. Address *Indep, 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.