

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

27911

FILED AUG 30 1954

State File No.

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5568</u>		Registrar's No. <u>329</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>9 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4455 Raytown Rd.</u>				STREET ADDRESS (If rural, give location) <u>2516 1/2 E. 18th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arzo</u>			b. (Middle) _____			c. (Last) <u>Montgomery</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 15, 1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 21, 1903</u>		9. AGE (In years last birthday) <u>50</u>		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) <u>Orderly</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Leed's</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clover Bend, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Pleas Montgomery</u>			13b. MOTHER'S MAIDEN NAME <u>Sadie Rice</u>			14. NAME OF HUSBAND OR WIFE <u>Luzelle Montgomery</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>430-07-1912</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Luzelle Montgomery 402 E. Hazel, Walnut Ridge, Ark.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot Wound of Right Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hematothorax</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diffuse mediastinal Hemorrhage</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E991 X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4455 Raytown Rd.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 15 1954 3:35 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gunshot</u>			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Deputy Coroner</u>				23b. ADDRESS <u>1618 Lydia Ave</u>		23c. DATE SIGNED <u>8/18/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 18, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Horse, Ark.</u>		24d. LOCATION (City, town, or county) (State) <u>Hoxie, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>8-18-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Bros. Funeral Home 10th Benton</u>			

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

AUG 31 1954

SEP 14 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.....
Signature of Student Embalmer

Signed *Bruce P. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *10th Benton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.