Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1594

STATE FILE NUMBER

FILED JAN 20 1958

Registration District No. 146 Primary Registration District No. 5-5-68 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Blue Twp. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 329 Blue Ridge Length of stay in Ib: 4 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 329 Blue Ridge Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: NELL Middle: Last: MONTGOMERY
4. DATE OF DEATH: Month Jan Day 5 Year 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: July 5, 1885
9. AGE (In years last birthday): 72 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Huntsville, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Robert Jenkins
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: H.D. Montgomery, Address: 329 Blue Ridge, K.C., Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Myocarditis	5 years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1952, to 1-5-58 and last saw her ~~him~~ alive on 1-5-58
Death occurred at 9:55 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] D.O. (Degree or title)
22b. ADDRESS: 104½ W. Maple Independence Mo.
22c. DATE SIGNED: 1-6-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Remobal
23b. DATE: Jan. 5, 1958
23c. NAME OF CEMETERY OR CREMATORY: Mt. Salem
23d. LOCATION (City, town, or county) (State): Exeelio Missouri

24. FUNERAL DIRECTOR ADDRESS: George C. Carson, Independence, Mo.
25. DATE REC'D. BY LOCAL REG.: 1-5-58
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

FEB 17 1958

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 Everett L. Smith

Licensed Embalmer No. 5001

P. O. Address K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.