

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000643
STATE FILE NUMBER

REGISTERED 3 1959 Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 14

300
-57

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>	
b. CITY OR TOWN <i>Liberty</i>		c. CITY OR TOWN <i>Indep.</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>I.o.o.f.</i>		d. STREET ADDRESS (If outside, give location) <i>unk</i>	
Length of stay in lb <i>1 yr.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>FRANK G</i> Middle <i>Montgomery</i> Last <i>Montgomery</i>			4. DATE OF DEATH Month <i>JAN</i> Day <i>21</i> Year <i>1959</i>		
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-22-1879</i>	9. AGE (In years) <i>79</i>	IF UNDER 1 YEAR Months <i>1</i> Days <i>1</i>	IF UNDER 24 HRS. Hours <i>1</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>unk</i>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <i>St Louis Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>John A. Montgomery</i>	13b. MOTHER'S MAIDEN NAME <i>Emona Mull</i>	14. NAME OF HUSBAND OR WIFE <i>Mertie</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT <i>D.W. Rogers</i> Address <i>Rt 2 Liberty Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebrovascular Accident</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 months</i>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____	3.71	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Osteoporosis. Spontaneous fracture of femur</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <i>Feb 1958</i> to <i>Jan 21</i> and last saw ^{her} alive on <i>Jan 20 59</i> Death occurred at <i>6:33 A</i> on the date stated above; and to the best of my knowledge, from the causes stated.

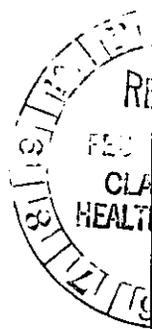
22a. SIGNATURE <i>Wm G Goodson</i> (Degree or title)	22b. ADDRESS <i>Liberty Mo</i>	22c. DATE SIGNED <i>1/21/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <i>Rogers Cem</i>	23d. LOCATION (City, town, or county) (State) <i>S.C. North Mo.</i>
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24. FUNERAL DIRECTOR <i>D.W. Newcomer</i> ADDRESS <i>832 Arman North Kansas City Mo</i>	25. DATE RECD. BY LOCAL REG. <i>2-8-59</i>	26. REGISTRAR'S SIGNATURE <i>Mabel Graham</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *Glenn H. Hill*

Licensed Embalmer No. *4586*
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.