

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5151-50-038344
4754 STATE FILE NUMBER

FILED VS. OCT 6 1 1960

149

Primary Registration District No. 1002 Registrar's No.

10/20/60

Ida Garrison Ross

13b Ida Ross

BY AFFIDAVIT OF John G. Dunham
J. G. Montgomery, M.D. MEDICAL CERTIFICATION

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, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 40 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3023 Harrison		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last MRS. LUCILE (none) DUNHAM				4. DATE OF DEATH Month Day Year Oct. 12, 1960					
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jan. 1891 69		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Leaser			10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and state or country) Indian Territory, Okla. U.S.A.		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME Dr. Robert Garetson Garretson			13b. MOTHER'S MAIDEN NAME Ida Garrison- Ross			14. NAME OF HUSBAND OR WIFE John Bryon Dunham			
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. 550-16-3604		17. INFORMANT Address John G. Dunham 3023 Harrison				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) metastatic Carcinoma Breast DUE TO (b) (Rt) metastases in bone DUE TO (c) 4th Lumbar + 6 Cervical Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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.)					
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year							
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	
21. I attended the deceased from 3-23-60 to 10-12-60 and last saw her alive on 10-12-60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) J. G. Montgomery, M.D.				22b. ADDRESS 1332 Professor Bldg K.S.		22c. DATE SIGNED 10/14/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-16-60		23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town or county) (State) Adair, Oklahoma MO			
24. FUNERAL DIRECTOR Melody-McGilley-Eylar-1800 E. Linwood				25. DATE RECD. BY LOCAL REG. 10-14-60		26. REGISTRAR'S SIGNATURE H-L-Dwyer			

Jan. 9.
St. M.
Prog. Bl
BA 1-104

line 2-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Lloyd F. Dieckman, Student Embalmer No. 603

working under my personal supervision.

Student

Lloyd F. Dieckman
Signature of Student Embalmer

Signed

James E. Hable

Licensed Embalmer No.

4573

P. O. Address

K. C., M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.