MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 30 1961

61-001540
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 203

AMENDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25th & Gilliam Road Doctors Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN INDEPENDENCE
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1320 W. White Oak
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First RUTH Middle MAY Last MONTGOMERY
4. DATE OF DEATH Month JANUARY Day 12, Year 1961
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH JUN. 6, 1900
9. AGE (last birthday) 60
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaning & Maintenance
10b. KIND OF BUSINESS OR INDUSTRY Indep. San. & Hosp.
11. BIRTHPLACE (City and state or country) Salina, Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Arthur Montgomery
13b. MOTHER'S MAIDEN NAME Mary Elizabeth Kilmer
14. NAME OF HUSBAND OR WIFE none
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.
17. INFORMANT Address Lawrence E. Montgomery, 5620 Park, K.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — UNKNOWN
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

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 1943, to 1-12-61 and last saw her/him alive on 1-12-61
Death occurred at 12:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. H. Hubbard (Degree or title) M.D.
22b. ADDRESS 104 1/2 W. Maple Independence Missouri
22c. DATE SIGNED 1-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 1-14, 1961
23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY
23d. LOCATION (City, town, or county) (State) INDEPENDENCE, MISSOURI

24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, ADDRESS INDEPENDENCE, MO.
25. DATE RECD. BY LOCAL REG. 1-13-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF	DOCUMENT

JUN 6 1967

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 R. Kenneth Patterson

Licensed Embalmer No. 4697

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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