

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1734

State File No. _____

FILED JAN 29 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 32

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, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION 710 E. Kansas St.		d. STREET ADDRESS (If rural, give location) 710 E. Kansas St.	

3. NAME OF DECEASED (Type or Print) a. (First) MR. TRAVERSE b. (Middle) LEE c. (Last) MONTGOMERY			4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1953		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 16, 1871	9. AGE (In years last birthday) 81	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) Retired Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Carpenter & Cabinet Maker	11. BIRTHPLACE (City and State or Foreign Country) Shenandoah, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	---

13a. FATHER'S NAME Nathan P. Montgomery	13b. MOTHER'S MAIDEN NAME Sarah Doughrty	14. NAME OF HUSBAND OR WIFE ----
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Helen Housewright, Indep, Mo.	ADDRESS Indep, Mo.
---	-------------------------------------	--	---------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Chronic
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Pneumonia		Conditions contributing to the death but not related to the disease or condition causing death. sd	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from Oct 17, 1950 to Jan 21, 1953, that I last saw the deceased alive on Jan 20, 1953, and that death occurred at 3:01 a.m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Jackson (Degree or title) med.	23b. ADDRESS 1111 Paul Bldg Independence, Mo.	23c. DATE SIGNED 1/23/53
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 24, 1953	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Indep, Mo.
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 1-24-53	REGISTRAR'S SIGNATURE [Signature] 354	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Indep, Mo.
---	--	---

(Licensed Embalmers' Statement on Reverse Side)

No. 500
 10. 48
 1005
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 Dr. Richardson

Dr. H. L. K...
D. H. L. K...

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Andover, 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 this body is not embalmed, fact should be so stated above.