

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **6156**  
Registrar's No. **379**

FILED FEB 18 1953

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>			c. LENGTH OF STAY (In this place) <b>5-DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>INDEPENDENCE</b>			<b>7005</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>				d. STREET ADDRESS (If rural, give location) <b>HIGHWAY #24V SPRING STREET PIEK WICK TRAILER</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Fern</b>		b. (Middle) <b>EVA</b>		c. (Last) <b>Montgomery</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 19 53</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>APRIL 14, 1915</b>		9. AGE (In years last birthday) <b>37</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and State or Foreign Country) <b>NEODESHA, Kansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>William H. McClean</b>			13b. MOTHER'S MAIDEN NAME <b>MAUDE A. SPUNOGL</b>			14. NAME OF HUSBAND OR WIFE <b>ROBERT MONTGOMERY</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>ROBERT MONTGOMERY, Hiway 24V SPRING ST. INDEPENDENCE MO</b>							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary infarcts</b>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Rheumatic heart disease, chronic</b>				<b>9 yrs. old.</b>			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>41W</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 <b>Jan. 14</b> , 19 <b>53</b> , to <b>Jan. 19</b> , 19 <b>53</b> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <b>Jan. 19</b> , 19 <b>53</b> , and that death occurred at <b>4:45P</b> m., from the causes and on the date stated above.											
23a. SIGNATURE <b>B.I. Burns</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>24th &amp; Cherry</b>				23c. DATE SIGNED <b>1-20-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>JAN. 20, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY ---			24d. LOCATION (City, town, or county) (State) <b>NEODESHA KANSAS</b>				
DATE REC'D BY LOCAL REG. <b>1-21-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>				25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>D. V. Newcomer, One Kansas City, Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

100  
100

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 .....  
Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 4817

P. O. Address Kansas

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.