

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28766

State File No. 4135

FILED SEP 11 1953

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>4135</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>K.C.J.B. Hosp</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>35 yrs.</u> | | c. CITY OR TOWN <u>Kansas City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kansas City Tuberculosis Hosp</u> | | | | e. STREET ADDRESS (If rural, give location) <u>111 623 Euclid</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Clement</u> b. (Middle) _____ c. (Last) <u>Montoya</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8 20 1953</u> | | | | |
| 5. SEX <u>D</u> | | 6. COLOR OR RACE <u>Mexican</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | 8. DATE OF BIRTH <u>NOV. 23-1886</u> | | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico 3</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>Mexico</u> | | |
| 13a. FATHER'S NAME <u>Jesus Montoya</u> | | 13b. MOTHER'S MAIDEN NAME <u>Damasana Montal</u> | | 14. NAME OF HUSBAND OR WIFE <u>MAGDALANA MONTOYA</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>702-03-8089</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>JOES MONTOYA</u> ADDRESS <u>5630 E 35th K.C. Mo</u> | | | | |
| 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) <u>pulmonary Tuberculosis</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>002X</u> | | | | | |
| 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 <u>Aug 11</u> , 1953, to <u>Aug 20</u> , 1953, that I last saw the deceased alive on <u>Aug 20</u> , 1953 and that death occurred at <u>8:29 a. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Edward P. Altomare M.D.</u> | | | | 23b. ADDRESS <u>Kansas City, Mo.</u> | | 23c. DATE SIGNED _____ | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8-24-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>8-22-53</u> | | REGISTRAR'S SIGNATURE <u>Sheldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>B. E. Weikel</u> ADDRESS <u>K.C. Mo.</u> | | | |

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

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..... *B. E. Weichert*

Licensed Embalmer No. *4070*

P. O. Address *K.C. 8, 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.