No. 300
10-48

FILED MAY 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15545

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1897

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 12 HOURS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS
b. COUNTY: SHAWNEE
c. CITY OR TOWN: TOPEKA
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2806 HUNTOON 815 9

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ALEXANDER
c. (Last): MONTGOMERY

4. DATE OF DEATH (Month) (Day) (Year): APRIL - 30. 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH - 9 - 1891
9. AGE (In years last birthday): 64 — 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): WINDOW DISPLAY MGR.
10b. KIND OF BUSINESS OR INDUSTRY: GROSBY BROS. STORE TOPEKA, KANSAS
11. BIRTHPLACE (City and State or Foreign Country): PAOLA KANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ROBERT H. MONTGOMERY
13b. MOTHER'S MAIDEN NAME: KATE DOUGLAS
14. NAME OF HUSBAND OR WIFE: Mabel Montgomery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: 509-01-6820
17. INFORMANT'S SIGNATURE OR NAME: Wall-Diffenbaugh Funeral Home — **ADDRESS**: Topeka, Ks.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY ARTERY OCCLUSION & Ruptured Heart + Hemo pericardium. — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Arterio Sclerosis & Hypertension
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy Prostate

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No Operation
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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): No m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-29, 1955, *to* 4-30, 1955, *that I last saw the deceased alive on* 4-30, 1955, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE W. A. Myers (Degree or title): Wm. Myers MD
23b. ADDRESS: 1115 Grand Ave Kansas City Mo.
23c. DATE SIGNED: 4/30/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: APRIL 30 1955
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): Topeka, KANSAS

DATE REC'D BY LOCAL REG.: 4-30-55
REGISTRAR'S SIGNATURE: Nova Marshall
25. FUNERAL DIRECTOR'S SIGNATURE: O. K. Newcomer's Sons
ADDRESS: 1331 Brush Creek Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 48

P. O. Address Tonga

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