FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23634
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. I000 Registrar's No. 825

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Missouri Methodist Hospital — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3214 Mark Twain — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ellen Middle: Kay Last: Montgomery

4. DATE OF DEATH Month: July Day: 21 Year: 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: July 17, 1957

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months: 0 Days: 4 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James Montgomery

13b. MOTHER'S MAIDEN NAME: Namoi Jean Conley

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)

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: James Montgomery 3214 Mark Twain

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): Prematurity 6 mo - wt 2# 3z — INTERVAL BETWEEN ONSET AND DEATH: 4 Da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 776 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 7-17-57, to 7-21-57 and last saw her/him alive on 7/21/57
Death occurred at 1:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M E Gruner MD

22b. ADDRESS: St Joseph Mo

22c. DATE SIGNED: 7/22/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 22, 1957

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.

23d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

24. FUNERAL DIRECTOR ADDRESS: Clark Funeral Home St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: July 29, 1957

26. REGISTRAR'S SIGNATURE: Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

Birth Certificate No. I205

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Earl A Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph

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.