

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037001

STATE FILE NUMBER

FILED NOV 6 1958 Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 109

S. 300
1-57

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1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo.State Sanatorium			Length of stay in 1b 314 days		d. STREET ADDRESS 1903 Washington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Ruth Middle M Last Montgomery				4. DATE OF DEATH Month Oct. Day 21 Year 1958								
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 16, 1907		9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME George Hall				13b. MOTHER'S MAIDEN NAME Sally Parker				14. NAME OF HUSBAND OR WIFE Arthur Montgomery				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address San.records, Mo.State Sanatorium,Mt.Vernon						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary tuberculosis far advanced								INTERVAL BETWEEN ONSET AND DEATH 20 years				
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) _____ DUE TO (c) _____								002XH				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of left breast (mastectomy 7-7-58)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.												
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 12-11-57 to 10-21-58 and last saw her alive on 10-21-58 Death occurred at 6:55 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE Joseph J. Gural MA. (Degree or title)						22b. ADDRESS Mt. Vernon, Missouri			22c. DATE SIGNED 10-21-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 10-21-58		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) St. Joseph, Mo. (State)				
24. FUNERAL DIRECTOR Max L. Fosse of Mt. Vernon Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 10-30-58		26. REGISTRAR'S SIGNATURE Cecil Hendricks						

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Max L. Foyt*

- Licensed Embalmer No. *4252*
P.O. Address *MW Vernon, Va*

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.