

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

59-009358

State File No.

FILED APR 8 1959

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1462

1. PLACE OF DEATH a. COUNTY <u>Jackson County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>WYANDOTTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS City</u> 815 th 78	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>57 North 10th St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BARBARA</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>DENK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 18 59</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>2-16-86</u>		9. AGE (In years last birthday) <u>73</u>		If under 1 year: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own Home</u>		11. BIRTHPLACE (State or foreign country) <u>PREIS, Russia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>JACOB GLOK</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA CATHERINE STROCK</u>		14. NAME OF HUSBAND OR WIFE <u>PETER DENK</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>496-16-3667-A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>PETER DENK</u> ADDRESS <u>57 N. 10th St KCK</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism Acute</u>		DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			<u>2 1/2 hrs</u>
DUE TO (c) <u>Rt. Femoral Phlebitis</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>5610</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Femoral Hemiorthomy Vag hysterectomy. Proctocolectomy</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min.)		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 3-7, 1959, to 3-18, 1959, that I last saw the deceased alive on 3-18, 1959, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. G. Montgomerie M.D.</u>		23b. ADDRESS <u>1392 Professional Bldg</u>		23c. DATE SIGNED <u>3-18-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>3-21-1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT CALVARY</u>	
24d. LOCATION (City, town, or county) (State) <u>K. C. Mo</u>					

DATE REC'D BY LOCAL REG. <u>3-20-59</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. A. BUTLER'S SONS</u> ADDRESS <u>KCK</u>	
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J. G. Montgomerie

(1A)

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 Ralph O. Gould

Licensed Embalmer No. ~~5000~~ 5009

P. O. Address K. C. Kan.

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.