

FILED MAR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8839

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

BIRTH NO. _____ REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 2001 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Missouri <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u> <u>999</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>3 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Galena</u>		<u>14</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1010 East 10th Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dessie</u> b. (Middle) <u>L</u> c. (Last) <u>Luton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 14, 1949</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>November 30, 1878</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alex LaSchum</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie Townsend</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur A. Luton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur A. Luton Galena, Kansas.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - Rt. lung - Metastatic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Primary left breast</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		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>Jan</u> , 1949, to <u>Mar. 14</u> , 1949, that I last saw the deceased alive on <u>Mar. 14</u> , 1949, and that death occurred at <u>6:30 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Paul H. Grubb M.D.</u>			23b. ADDRESS <u>Galena, Kansas</u>		23c. DATE SIGNED <u>3-15-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Galena Kansas</u>		
DATE REC'D BY LOCAL REG. <u>3-17-49</u>	REGISTRAR'S SIGNATURE <u>Edw. J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Derspect</u>	ADDRESS <u>Galena</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Kenneth S. Heff
Kansas Licensed Embalmer No. 2272

P. O. Address Glenn, Kans

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.