

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20244**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2467

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (In this place) <u>8 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4006 LOCUST STREET</u>		d. STREET ADDRESS (If rural, give location) <u>4006 LOCUST STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLIFFORD</u> b. (Middle) <u>KENNETH</u> c. (Last) <u>LUGANBEAL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-8-1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JANUARY 19, 1907</u>		9. AGE (In years last birthday) <u>44</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES PROMOTION DIRECTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TOWNLEY METAL CO.</u>	11. BIRTHPLACE (State or foreign country) <u>BENEDICT, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>WILLIAM F. LUGANBEAL</u>		13b. MOTHER'S MAIDEN NAME <u>ETTA MAE VAUGHN</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. VALDA LUGANBEAL</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>509-03-1904</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. VALDA LUGANBEAL</u> ADDRESS <u>4006 LOCUST ST. KANSAS CITY, MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>3 previous attacks during past two years</u>				
	DUE TO (c) <u>past two years</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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 April 6, 1949 to June 8, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at 12:02 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Paul Wright</u> (Degree or title)		23b. ADDRESS <u>14 R. W. 1324 Prof. Bldg. Mans. Bldg. June 8, 51</u>		23c. DATE SIGNED <u>June 8, 51</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify)	24b. DATE <u>JUNE 9, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CREEK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BARTLETT KANSAS</u>		

DATE REC'D BY LOCAL REG. <u>6-9-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer's Sons</u>	ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>		
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WRITE PLAINLY—USING UNFAADING 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 embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Charles Stickney

Licensed Embalmer No. 4560

P. O. Address KC, Mo

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.