

FILED APR 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7546

32

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5217		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Beatrice-Austin Twp.</u>		c. LENGTH OF STAY (In this place) <u>16 yrs.</u>		c. CITY OR TOWN <u>Beatrice, Miss.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Miles East - 1 mile North</u>				e. STREET ADDRESS (If rural, give location) <u>4 Miles East - 1 mile North</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Conron</u>			b. (Middle) <u>James</u>		c. (Last) <u>Luther</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 29-1955</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>Dec. 2-1868</u>		9. AGE (In years last birthday) <u>86</u> of UNDER 1 YEAR Months Days of UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>West Salem, Ill.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frederick H. A. Luther</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Baugh</u>			14. NAME OF HUSBAND OR WIFE <u>Ronald Luther</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Charles Luther Garden 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Malignant Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>10 years</u> <u>10 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>477X</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) (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 <u>June 2, 1950</u> , to <u>March 27, 1955</u> , that I last saw the deceased alive on <u>March 27, 1955</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. H. Remmon, M.D.</u>				23b. ADDRESS <u>Garden City, Mo.</u>			23c. DATE SIGNED <u>3/30/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 31-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Garden City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Mar 31, 1955</u>		REGISTRAR'S SIGNATURE <u>Nora Barward</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Reinson &amp; Lacey - Garden City, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*Priscilla J. Kelly*

Licensed Embalmer No. *468*

P. O. Address *Harnden City*

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.