

FILED MAY 16 1955

STANDARD CERTIFICATE OF DEATH

State File No. 12025

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1748

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>69 years</u>	c. CITY OR TOWN <u>Kansas City</u>	d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address & location) <u>3218 E. 27th</u>		STREET ADDRESS (If rural, give location) <u>3218 E. 27th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>F.</u> c. (Last) <u>LUTHER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 1955</u>
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5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 3 1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>2</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Florist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Luther Florist</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Kansas City, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>August F. Luther</u>	13b. MOTHER'S MAIDEN NAME <u>Elyaheth Reichlein</u>	14. NAME OF HUSBAND OR WIFE <u>Elyaheth Mae Luther</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>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arland Luther</u>	ADDRESS <u>7535 Holmes St Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>
	ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Coronary hemorrhage left</u>		<u>4 day</u>
	DUE TO (c) <u>Hypertensive heart disease</u>		<u>2-3 year</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>443 X</u>	

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1940, 1953, to 4-19, 1955, that I last saw the deceased alive on 4-19, 1955, and that death occurred at 10:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>John T. Skinner</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>1102 Grand St. Mo</u>	23c. DATE SIGNED <u>4-20-55</u>
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24a. BURIAL, CREMATION, REBURYAL (Specify) <u>Burial</u>	24b. DATE <u>April 22 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-20-55</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERARY DIRECTOR'S SIGNATURE <u>Hilke Funeral Home</u>	ADDRESS <u>2315 Sunwood</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed. *Chas E. Wick*

Licensed Embalmer No. *264*

P.O. Address *H. E. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.