

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33376
State File No. 4381
Registrar's No.

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1003	Registrar's No. 4381
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		
d. FULL NAME OF HOSPITAL OR INSTITUTION Kansas City Tuberculosis Hospital		d. STREET ADDRESS (If rural, give location) 836 So Park		
3. NAME OF DECEASED (Type or Print) a. (First) Arthur A. b. (Middle) c. (Last) Luff		4. DATE OF DEATH (Month) (Day) (Year) 10 11-1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-17-1889	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner		11. BIRTHPLACE (State or foreign country) Independence Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME John Luff		13b. MOTHER'S MAIDEN NAME Amelia Whitely		14. NAME OF HUSBAND OR WIFE Kate Luff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY 486-05-2392		17. INFORMANT'S SIGNATURE OR NAME Kate Luff ADDRESS 836 So Park Indep. Mo
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) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 9-28 1955 to 10-11, 1955, that I last saw the deceased alive on 10-11, 1955, and that death occurred at 10:20 p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Edward P. Altman, M.D.		23b. ADDRESS K.C. J.B. Hospital		23c. DATE SIGNED 10-11-1955
24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE 10-14-1955		24c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEM. INDEPENDENCE MO.
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Geo. C. Carson Independence Mo.		
DATE REC'D BY LOCAL REG. 10-12-55		REGISTRAR'S SIGNATURE Vera Minshall		

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. H. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. *4871*

P. O. Address *Indep., 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.