

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33463**

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>4321</b>			
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>43 YEARS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is 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 <b>RESEARCH HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>2728 CYPRESS AVENUE 2358</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>LULU</b>		b. (Middle) <b>INEZ</b>		c. (Last) <b>PETERMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCTOBER 5, 1955</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>July 6, 1891</b>		9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) <b>MOUNT IDA, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>GILBERT LAMPHEAR</b>		13b. MOTHER'S MAIDEN NAME <b>ELLA SEEBER</b>		14. NAME OF HUSBAND OR WIFE <b>GUY S. PETERMAN</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service). <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>GUY S. PETERMAN 2728 CYPRESS AVE. KANSAS CITY, MO.</b>					
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) <b>Liver failure,</b>  ANTECEDENT CAUSES DUE TO (b) <b>Portal-Scirrhosis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Years <b>3 years</b>  <b>58 1/2</b>	
19a. DATE OF OPERATION <b>9-22-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Exploratory Laporotomy (Portal Scirrrosis)</b>				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 <b>9-2-55</b> , 19___, to <b>10-5-55</b> , 19___, that I last saw the deceased alive on <b>10-9-55</b> , 19___, and that death occurred at <b>6:20p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>R. S. Long</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>4800 East 24th Street</b>		23c. DATE SIGNED <b>10-6-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT-8-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEMETARY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>10-8-55</b>		REGISTRAR'S SIGNATURE <b>new Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>D.W. NEWCOMER'S SONS 1381 BARKER CREEK KANSAS CITY, MO.</b>					

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 *Edward M. Stone*.....

Licensed Embalmer No. *44*.....

P. O. Address *K. C. 10*.....

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.