THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34093
STATE FILE NUMBER

FILED NOV 15 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4623

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4024 Holly — Length of stay in 1b 15 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 4024 Holly (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First PEARL Middle Last LUTE
4. DATE OF DEATH: Month 10 Day 24 Year 56
5. SEX Fe
6. COLOR OR RACE Wh
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 12-21-1883
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Miami County, Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Tush
14. MOTHER'S MAIDEN NAME No Record
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) XX
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs. Gertrude McCoy, 4024 Holly

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic pneumonia. — INTERVAL BETWEEN ONSET AND DEATH 48 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic myocarditis. — 3 years.
DUE TO (c) — 4 2 2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from August 10, 1948, to October 24, 1956 and last saw her ~~him~~ alive on Oct. 23, 1956
Death occurred at 6:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. S. Anderson, M. D. (Degree or title)
22b. ADDRESS 2425 Independence Blvd., Kansas City, Missouri
22c. DATE SIGNED 10-25, 1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-25-56
23c. NAME OF CEMETERY OR CREMATORY LaCygne Cemetery
23d. LOCATION (City, town, or county) LaCygne, (State) Kansas

24. FUNERAL DIRECTOR Wagner Funeral Home, K.C. Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 10-25-56
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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300
1-56

64 1-3610
1:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..... .

P. O. Address.....

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