

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4909

State File No.

FILED FEB 27 1957

585

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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>2 DAYS</u>		c. CITY OR TOWN <u>LEES SUMMIT Kansas City 7001</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General #2</u>				e. STREET ADDRESS (If rural, give location) <u>JACKSON COUNTY HOME (COL.)</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u>			b. (Middle) _____		c. (Last) <u>Payne</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DON'T KNOW</u>	8. DATE OF BIRTH <u>AUG. 24, 1888</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OOD JOBS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DON'T KNOW</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DON'T KNOW</u>			13b. MOTHER'S MAIDEN NAME <u>DON'T KNOW</u>		14. NAME OF HUSBAND OR WIFE <u>DON'T KNOW</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JACKSON COUNTY HOME, IA. Co. Mo.</u> ADDRESS _____			
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) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>331X</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>2</u>			
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>1-30-57</u> , 19 <u>57</u> , to <u>2-1-57</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-1-57</u> , 19 <u>57</u> , and that death occurred at <u>1:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>W.R. Peterson M.D.</u>				23b. ADDRESS <u>600 E. 22nd Street</u>		23c. DATE SIGNED <u>2-5-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>2-6-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WESTLAWN</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANS</u>		
DATE REC'D BY LOCAL REG. <u>2-6-57</u>		REGISTRAR'S SIGNATURE <u>neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BROWN - HUDSON</u>		ADDRESS <u>K.C. Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W.R. Peterson

Jackson

Jackson

Jackson

Jackson

Jackson

Jackson

Feb. 7, 1937

State

Jackson

Jackson

Jackson

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.....

Licensed Embalmer No.....

P. O. Address.....

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.