

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8015

FILED APR 8 - 1957

State File No. ....

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 30

1. PLACE OF DEATH  
a. COUNTY Clay

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Platte

b. CITY (If outside corporate limits, write RURAL and give township) Smithville  
c. LENGTH OF STAY (in this place) 1 Day

c. CITY OR TOWN Parkville 083  
Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
Smithville Community Hosp

e. STREET ADDRESS (If rural, give location)  
4 miles Northwest Parkville

3. NAME OF DECEASED  
a. (First) Kathleen b. (Middle) \_\_\_\_\_ c. (Last) Luman

4. DATE OF DEATH (Month) (Day) (Year)  
March 26, 1957

5. SEX Fe

6. COLOR OR RACE Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Never Married

8. DATE OF BIRTH  
Mar. 10, 1954

9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Months 0 Days 16 IF UNDER 14 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
None

10b. KIND OF BUSINESS OR INDUSTRY  
None

11. BIRTHPLACE (City and State or Foreign Country) North Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY?  
USA

13a. FATHER'S NAME  
James H. Luman

13b. MOTHER'S MAIDEN NAME  
Lena Jones

14. NAME OF HUSBAND OR WIFE  
None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
J. H. Luman Parkville, Mo. Rt. 1

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Bacterial Toxemia (Septicemia) (Hemolytic Staphylococcus Aureus)  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Bronchopneumonia  
DUE TO (c) Tonsillitis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
Significant decrease in food intake

INTERVAL BETWEEN ONSET AND DEATH  
6 hrs.  
1 week

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 25, 1957, to Mar 26, 1957, that I last saw the deceased alive on Mar 26, 1957, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Laurie R. Childs, M.D.

23b. ADDRESS  
Smithville, Mo.

23c. DATE SIGNED  
3/27/57

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
3-28-57

24c. NAME OF CEMETERY OR CREMATORY  
Wister Cemetery

24d. LOCATION (City, town, or county) (State)  
Wister, Oklahoma

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE  
3-27-57 Marguerite Hudson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
McComas Funeral Home Smithville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4-11-57



**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 *Donald W. Hanks*

Licensed Embalmer No. *452*

P. O. Address *Smithville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.