

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 5 - 1957

40466
STATE FILE NUMBER
5483

Registration District No. 149 Primary Registration District No. 202 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Barber				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Coats		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.			Length of stay in 1b 7 Mo.		d. STREET ADDRESS (If outside, give location) 8 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First DORIS Middle M. Last LUTHER				4. DATE OF DEATH Month 11 - Day 20 - Year 57				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11/25/88		
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Registered Nurse			10b. KIND OF BUSINESS OR INDUSTRY Nurse		11. BIRTHPLACE (City and state or country) Pratt County, Ks.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Heno Luther				14. MOTHER'S MAIDEN NAME Emily Newman				
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 Address Herb Luther, Coats, Kansas			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis						INTERVAL BETWEEN ONSET AND DEATH 1 yr		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Carcinoma of colon 5 yr		
						DUE TO (c) Carcinoma of uterus 153* 2 yr		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 4/12/56 to 11/20/57 and last saw her ^{her} _{him} alive on 11/20/57 Death occurred at 647A m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>W. B. Mc Cunniff</i> (Degree or title) D				22b. ADDRESS 836 E. 6th St. Pratt, Mo.		22c. DATE SIGNED 11/20/57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11-20-57		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Pratt, Kansas		
24. FUNERAL DIRECTOR Freeman Mortuary ADDRESS K. C. Mo.			25. DATE RECD. BY LOCAL REG. 11-20-57		26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>			

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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 *J. R. Freeman*

Licensed Embalmer No. 29

P. O. Address K.C. 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.