

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

MISSOURI State File No. 2559

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2559

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 50 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION SHEA NURSING HOME		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 4	
3. NAME OF DECEASED (Type or Print) a. (First) LUELLE b. (Middle) ADELINE c. (Last) OMAN		4. DATE OF DEATH (Month) (Day) (Year) JUNE 5 1954	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 4, 1867
9. AGE (In years last birthday) 87		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (City and State or Foreign Country) CENTERVILLE, IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HUGH BOGGS		13b. MOTHER'S MAIDEN NAME ADELINE	
14. NAME OF HUSBAND OR WIFE UNKNOWN		14. NAME OF HUSBAND OR WIFE CLARENCE E OMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME CLARENCE E. OMAN		17. INFORMANT'S SIGNATURE OR NAME CLARENCE E. OMAN	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Transient cell carcinoma of R ureter		INTERVAL BETWEEN ONSET AND DEATH 6 months	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		Nasal fracture and cerebral calcification	

19a. DATE OF OPERATION 2-8-54		19b. MAJOR FINDINGS OF OPERATION tumor tumor in right ureter in cytotocysts biopsy		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 12-28 1951, to 6-5, 1954, that I last saw the deceased alive on 6-3, 1954, and that death occurred at 8:30pm., from the causes and on the date stated above.

23a. SIGNATURE Richard W. Gunn (Degree or title) M.D. 23b. ADDRESS 6230 Truman Rd Ke. 26, Mo 23c. DATE SIGNED 6-7-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JUNE 7, 1954 24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 6-7-54 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEW COMER'S SONS K.C. Mo.

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

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 *Clare V. Cairns*.....

Licensed Embalmer No. *493*

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

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.