

Registration District No. 138

Primary Registration District No. 5526

Registrar's No. 41

1. PLACE OF DEATH:

(a) County HICKORY
(b) City or town PRESTON (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ALL OF LIFE
years, months or days

3. (a) PRINT FULL NAME LOUE DEAN LUSSO

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: JUNE 2 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 4 28 hr. min.

9. Birthplace PRESTON MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name J.H. LUSSO
13. Birthplace MARSHALL MO
(City, town, or county) (State or foreign country)
14. Maiden name KATHA OLINSTEAD
15. Birthplace SULLIVAN MO
(City, town, or county) (State or foreign country)

16. (a) Informant J.H. LUSSO
(b) Address PRESTON, MO

17. (a) BURIAL (b) Date thereof Oct. 31 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CLARK CEMETARY

18. (a) Signature of funeral director Albert Helphaway

(b) Address Wheatland, Mo.

19. (a) NOV 4-1948 (b) W.P. Hargiss
(Date received local registrar) (Registrar's signature) 12 i

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HICKORY
(c) City or town PRESTON (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Death due to heart attack

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations ASC
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Marvin Holt Coone (M.D. or other)
Address Hermitage, Mo. Date signed 10-29-48

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

2
43
39
37823

RECEIVED

District Health Officer No. 7

District File Number 10-48-1292

Date Filed 11-1-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Shepherd, Md

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 this body is not embalmed, fact should be so stated above.