

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41195**
Registrar's No. **5391**

FILED JAN 7 1950

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

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 town) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 11 YEARS		d. STREET ADDRESS (If rural, give location) 201 BRUSH CREEK BLVD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL			
3. NAME OF DECEASED a. (First) O		b. (Middle) FOSTER	
c. (Last) LUSKEY		4. DATE OF DEATH (Month) (Day) (Year) DEC. 17 1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 2, 1984
9. AGE (In years last birthday) 65 YRS		10. KIND OF BUSINESS OR INDUSTRY R.L. POIK COMPANY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISTRICT MANAGER		11. BIRTHPLACE (State or foreign country) Columbus, Ohio	
13a. FATHER'S NAME HENRY LUSKEY		13b. MOTHER'S MAIDEN NAME MARY UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 208-07-3925	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		17. INFORMANT'S SIGNATURE OR NAME MRS. BESSIE M. LUSKEY ADDRESS 301 BRUSH CREEK KANSAS CITY MO	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple myeloma		INTERVAL BETWEEN ONSET AND DEATH 14 yrs -	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis		2 years	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broncho-Pneumonia		3 days	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 203X		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 Oct. 1949 to Dec 17, 1949 that I last saw the deceased alive on 12-17, 1949 , and that death occurred at 1:20 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Don Carlos Peete (Degree or title)		23b. ADDRESS 1500 Professional Bldg. K. Mo	
23c. DATE SIGNED			
24a. BURIAL CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE DEC 20 1949	24c. NAME OF CEMETERY OR CREMATORY NEW OAKS VAULTS	24d. LOCATION (City, town, or county) (State) DAYTON MISSOURI
DATE REC'D BY LOCAL REG. 12-20-49 REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W.N. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

6214

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
Student Embalmer

Signed Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address St Louis City

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.