

FILED MAY 11 1950

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13416

BIRTH NO. _____		REG. DIST. NO. 154		PRIMARY REG. DIST. NO. 5575		Registrar's No. 11	
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 name of town) Rural - Wellington		c. LENGTH OF STAY (in this place) 54 yrs		c. CITY (If outside corporate limits, write RURAL and give township) 0480 Kansas City - Rural		d. STREET ADDRESS (If rural, give location) 99th + Grand Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 99th + Grand				d. STREET ADDRESS (If rural, give location) 99th + Grand Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) SANTO			b. (Middle) LUSCO		c. (Last) LUSCO		
4. DATE OF DEATH (Month) (Day) (Year) 4-20-50		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 4/17/1870		9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - FARMER		11. BIRTHPLACE (State or foreign country) CEFALIE, ITALY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME GIUSEPPE LUSCO		13b. MOTHER'S MAIDEN NAME ROSALIE SCIORTINA		14. NAME OF HUSBAND OR WIFE ROSALEA LUSCO	
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. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS TUDIE LUSCO K.E., MO.			
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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) arterio sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 yrs 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Hugh M.D.				23b. ADDRESS 925 Ogden Bldg		23c. DATE SIGNED 4/21-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/24/50		24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.	
DATE REC'D. BY LOCAL REG. 4/26/50		REGISTRAR'S SIGNATURE Dr. Anne E. Madgett		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS K.E., Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 3 RECD
MAY 8 RECD
MAY 8 RECD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4273

P. O. Address K. E., 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 this body is not embalmed, fact should be so stated above.