

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24963**  
Registrar's No. **3148**

FILED JUL 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b> |  | c. CITY OR TOWN <b>Kansas City</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>60 YEARS</b>  |  | e. STREET ADDRESS (If rural, give location) <b>3438<br/>113 2306 Charlotte Street</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hospital</b>                           |  |   |  |

|  |                           |                        |  |
|--|---------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Louis</b> | b. (Middle) <b>JOSEPH</b> | c. (Last) <b>Lussi</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 17 1953</b> |
|--|---------------------------|------------------------|--|

|                    |                               |   |                                       |   |                     |                   |                    |                   |
|--------------------|-------------------------------|---|---------------------------------------|---|---------------------|-------------------|--------------------|-------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>Dec. 27, 1892</b> | 9. AGE (In years) (last birthday) <b>60</b> | 10. MONTHS <b>0</b> | 11. DAYS <b>0</b> | 12. HOURS <b>0</b> | 13. MIN. <b>0</b> |
|--------------------|-------------------------------|---|---------------------------------------|---|---------------------|-------------------|--------------------|-------------------|

|  |  |  |  |
|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINTENANCE</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>POWER LIGHT CO.</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY MISSOURI</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|--|--|--|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <b>LEDWIG LUSSI</b> | 13b. MOTHER'S MAIDEN NAME <b>EMILY GARDNER</b> | 14. NAME OF HUSBAND OR WIFE <b>Mrs. EDNA ZOE LUSSI</b> |
|--|--|--|

|   |  |  |  |
|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>496-09-7037</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. EDNA ZOE LUSSI</b> | ADDRESS <b>3306 CHARLOTTE ST. KANSAS CITY, MO.</b> |
|---|--|--|--|

|  |   |  |   |
|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion June 6, 53</b>   |  | INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b> |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary Sclerosis</b> |  | <b>10 yrs</b>                                   |
|  | DUE TO (c) <b>Generalized Arteriosclerosis</b>  |  | <b>4201</b>                                     |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 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) (Min.) | 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 **June 6, 1953**, to **June 17, 1953**, that I last saw the deceased alive on **June 17, 1953**, and that death occurred at **8:50 P.M.**, from the causes and on the date stated above.

|  |  |  |                  |
|--|--|--|------------------|
| 23a. SIGNATURE OF REGISTRAR <b>Carl H. [Signature]</b> | (Degree or title) <b>Bruster 50 MD</b> | 23b. ADDRESS <b>106 W 14th St. K.C. Mo 6-19-53</b> | 23c. DATE SIGNED |
|--|--|--|------------------|

|   |                               |   |   |
|---|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>JUNE 20 1953</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEMETERY</b> | 24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b> |
|---|-------------------------------|---|---|

|   |  |  |  |
|---|--|--|--|
| DATE REC'D BY LOCAL REG. <b>6-20-53</b> | REGISTRAR'S SIGNATURE <b>Geraldine Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>DW Newcomer Sons</b> | ADDRESS <b>331 [Address] Kansas City, Mo</b> |
|---|--|--|--|

WRITE PLAINLY—USING UNFAADING 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 *Robert Ray*.....

Licensed Embalmer No. *4182*

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.