

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35964

State File No.

FILED OCT 28 1953
BIRTH NO. ... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4871

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>34 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>74 1322 Bazes</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Francis</u> c. (Last) <u>Lusher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7 1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>8 Oct 1897</u>		9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR: MONTHS _____ DAYS _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ford Motor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Charles Lusher</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Butler</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Ava C Lusher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-05-1975</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ava C Lusher 1322 Bazes Ke</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, cheek, jaw tongue, neck</u>		DUPLICATE OF (a) <u>Carcinoma, cheek, jaw tongue, neck</u>		Interval between onset and death <u>144X</u>	
*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.		DUPLICATE OF (b) <u>Leukoplakia buccalis</u>			
		DUPLICATE OF (c) <u>Primary internal cheek + gum</u>			
II. OTHER SIGNIFICANT CONDITIONS		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 checked="" 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 July 15, 1953, to Oct 7/2, 1953, that I last saw the deceased alive on Oct 7/2, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Terry E. Kelly</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>807 Canale Bldg.</u>		23c. DATE SIGNED <u>Oct 8, 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10 Oct 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Smith</u>		ADDRESS <u>Floral Hill Man Chap K.C. Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-10-53</u>		REGISTRAR'S SIGNATURE			

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

Bar.
Terry Lolley 127
915
Angyle

Leukoplakia
buccalis
vi 1168
all Tms

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 _____

Ross Blanford

Licensed Embalmer No. _____

4015

P. O. Address _____

KE 720

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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