

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 23 1953

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u> <u>0191</u>	
c. LENGTH OF STAY (In this place) <u>28 years</u>		d. STREET ADDRESS (If rural, give location) <u>401 E. Mechanic St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HENRY</u>	b. (Middle) <u>HUGH</u>	c. (Last) <u>LUSBY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 15 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 31 1888</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months Days	11. UNDER 18 YRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during that working life, even if retired) <u>Dry Cleaning</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cass Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Walter Lusby</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Halecomb</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy N. Lusby</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of discharge) <u>yes 1st World War</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy N. Lusby</u>	ADDRESS <u>Harrisonville Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 MO-</u>  <u>UNKNOWN</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Adenocarcinoma Rectum</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>APR. 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>ADENOCARCINOMA RECTUM 154X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>Nov 15 1953</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from APR 1, 1953, to 15 NOV, 1953, that I last saw the deceased alive on NOV. 15, 1953, and that death occurred at 1 P m., from the causes and on the date stated above.

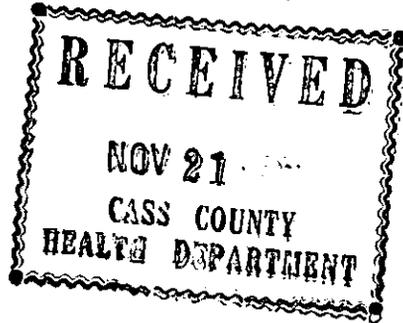
23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>17 Nov. 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 18-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Garden City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 16, 1953</u>	REGISTRAR'S SIGNATURE <u>Dora Barward</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gumburger</u>	ADDRESS <u>Harrisonville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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



NOV 27 1953

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**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 James P. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrisonville, 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.