RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-030653
STATE FILE NUMBER

FILED VS SEP 12 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4349

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 78 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 715 JACKSON AVENUE
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 715 JACKSON AVENUE
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARY Middle AGNES Last ELIZABETH LUSCHER

4. DATE OF DEATH: Month AUGUST Day 21 Year 1960

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: MAY 10, 1882
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (City and state or country): KANSAS CITY, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: WILLIAM H. LOCKRIDGE
13b. MOTHER'S MAIDEN NAME: MARY E. FLETCHER
14. NAME OF HUSBAND OR WIFE: CHARLES L. LUSCHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 486-03-1675-D
17. INFORMANT: MRS. DOROTHY JOHNSON Address: 715 JACKSON AVENUE KANSAS CITY, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	Acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	?
DUE TO (c)	Unknown	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO #
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January 29, 1959, to August 21, 1960 last saw her him alive on August 21, 1960. Death occurred at 11:00 P.M. ? m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank E Day (Degree or title) D.O.
22b. ADDRESS: 4314 E. 9th. K.C. Mo.
22c. DATE SIGNED: 8-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: AUGUST 24, 1960
23c. NAME OF CEMETERY OR CREMATORY: FLORAL HILLS CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 8-24-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Frank E. Day

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Raymond M. Hard

Signature of Student Embalmer

Licensed Embalmer No. 491

P.O. Address Fowler,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.