

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12317

State File No. _____

FILED APR 16 1949

Registrar's No. 1477

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1477	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		48	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSP				d. STREET ADDRESS (If rural, give location) 1026 E 5TH			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY			b. (Middle) CALI		c. (Last) CALI		
4. DATE OF DEATH		(Month) 3		(Day) 31		(Year) 49	
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH JUNE 27 1904		9. AGE (In years last birthday) 44	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ITALY 5		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME VINCENZO CALI			13b. MOTHER'S MAIDEN NAME CLEMENSIA			14. NAME OF HUSBAND OR WIFE ANGELINE CALI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MR JOE CALI 1033 E 5TH			
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) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4201 DUE TO (c) Coronary disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis INTERVAL BETWEEN ONSET AND DEATH March 26-49					
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 3-26-1949 to 3-31-1949 that I last saw the deceased alive on Mar. 30, 1949, and that death occurred at 7:30A M., from the causes and on the date stated above.							
23a. SIGNATURE Dr. Saladino MD (Degree or title) Dr. Saladino, M.D.				23b. ADDRESS 721 Biello Bldg		23c. DATE SIGNED 4-1-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/4/49		24c. NAME OF CEMETERY OR CREMATORY MT ST MARYS		24d. LOCATION (City, town, or county) (State) KANSAS CITY MO	
DATE REC'D BY LOCAL REG. 4-2-49		REGISTRAR'S SIGNATURE Geraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEBETO'S CITY		

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

48380

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.

Signed Ray E. Snow

Signed _____
Student Embalmer

Licensed Embalmer No. 25-60

P. O. Address 1507nd

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.