

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14524

86

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>				
b. CITY OR TOWN <u>Rural Marshall Township</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY OR TOWN <u>Kansas City Mo.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo State School 2</u>				d. STREET ADDRESS (If rural, give location) <u>512 Olive St</u>				
3. NAME OF DECEASED (Type or Print) <u>Vincent</u>			a. (First)		b. (Middle)		c. (Last) <u>Dicarlo</u>	
4. DATE OF DEATH		(Month) <u>4</u>		(Day) <u>26</u>		(Year) <u>1949</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Dec. 14 1938</u>		
9. AGE (In years last birthday) <u>10</u>		if UNDER 1 YEAR Months		if UNDER 1 YEAR Days		if UNDER 1 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joe Dicarlo</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Shortina</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Records Mo State School Marshall Mo</u>		ADDRESS _____		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lobar Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>2 wks</u> <u>490X</u>	
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 <u>March 12, 1949, to April 26, 1949</u> , that I last saw the deceased alive on <u>April 26, 1949</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Dr. J. Kelly M.D.</u>				(Degree or title)		23b. ADDRESS <u>Marshall Mo.</u>		
23c. DATE SIGNED <u>4/26/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 30 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mo St Marys Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		DATE REC'D BY LOCAL REG. <u>Apr 27 1949</u>		REGISTRAR'S SIGNATURE <u>Rudney T. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parantino Bros</u>		
ADDRESS <u>11 C Mo</u>								

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-11-49

MAY 28 1949
MAY 31 1949

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 Leonard Passantino

Signed.....
Student Embalmer

Licensed Embalmer No. 4554

P. O. Address R.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 this body is not embalmed, fact should be so stated above.