

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19400

State File No. _____

FILED JUL 8 1949

2744

BIRTH NO. _____ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 2 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2546 Norton Avenue		d. STREET ADDRESS (If rural, give location) 2546 Norton Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) Lee c. (Last) Ascanio			4. DATE OF DEATH (Month) June (Day) 24 (Year) 1949	
---	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH July 8, 1947	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 3 Days 16	IF UNDER 24 HRS. Hours 0 Min. 0
-----------------------	----------------------------------	--	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	---	--	---

13a. FATHER'S NAME Mike A. Ascanio	13b. MOTHER'S MAIDEN NAME Margaret Gray	14. NAME OF HUSBAND OR WIFE --	
--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mike A. Ascanio		ADDRESS 2546 Norton K.C., Mo
---	--	---	--	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension and atherosclerosis DUE TO (c) degeneration of spinal cord			MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
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 7592			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 6-23, 1949, to 6/23, 1949, that I last saw the deceased alive on 6/23, 1949, and that death occurred at 5:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Galen Pilger	23b. ADDRESS 2026 1/2 E. 2nd Ave.		23c. DATE SIGNED 6/24/49
---	---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/27/49	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. 6-25-49	REGISTRAR'S SIGNATURE Steraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons		ADDRESS 4139 Truman Rd. K.C., Mo
--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student

Student Embalmer

Signed

James W. Earp

Licensed Embalmer No. *4622*

P. O. Address *H. 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.