

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19644

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2679

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>37 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
		d. STREET ADDRESS (If rural, give location) <u>5721 Olive</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u>		b. (Middle) <u>La Scala</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1949</u>	
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>December 3, 1906</u>
9. AGE (In years last birthday) <u>42</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 2 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>New York</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank La Scala</u>	
13b. MOTHER'S MAIDEN NAME <u>Christina Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>Marguerite La Scala</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>486-10-3016</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MARGUERITE LA SCALA, K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery Disease</u> DUE TO (c) _____ 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 _____	
20. AUTOPSY? YES <input checked="" 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 <u>June 17, 1949</u> , to <u>June 17, 1949</u> , that I last saw the deceased alive on <u>June 17, 1949</u> , and that death occurred at <u>4:12 m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Graham Asher</u> (Degree or title) <u>W.D.</u>		23b. ADDRESS <u>1220 Phipps Blvd 6-20-49</u>	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JUNE 21-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u>		DATE REC'D BY LOCAL REG. <u>6-21-49</u>	
REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. H. Newcomer, Kansas City, Mo</u>	
ADDRESS _____		ADDRESS _____	

WRITE PLAINLY—USING UNFAADING 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.....

Signed

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address *Kansas City, 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.