

FILED JUN 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19769

State File No. 2386

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>15 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	d. STREET ADDRESS (If rural, give location) <b>548 Main St</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>548 Main St</b>		d. STREET ADDRESS (If rural, give location) <b>548 Main St</b>	

3. NAME OF DECEASED a. (First) <b>John</b> b. (Middle) <b>Sale</b> c. (Last) <b>Sale</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 30 49</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>11-28-69</b>
9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 10 HRS Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Retiree</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>New York</b>
		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	

13a. FATHER'S NAME <b>Do not know</b>	13b. MOTHER'S MAIDEN NAME <b>Do not know</b>	14. NAME OF HUSBAND OR WIFE <b>Do not know</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Do not know</b>	16. SOCIAL SECURITY NO. <b>Do not know</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Coroners office</b>	ADDRESS <b>KCM</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Cause death</b>		(b) <b>4200</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Anticoagulation</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Platelet and Heart</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>no relative to signautary print</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>natural</b>	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)	23b. ADDRESS <b>1034 Oak Blde</b>	23c. DATE SIGNED <b>5-31-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-1-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo</b>
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DATE REC'D BY LOCAL REG. <b>6-1-49</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Passaniti Bros.</b>	ADDRESS <b>KCM</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Francis Walton

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2744

P. O. Address 15 CMO

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.