

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27085

3354

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>42 YRS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>		d. STREET ADDRESS (If rural, give location) <u>3615 E. 23 St.</u>	

3. NAME OF DECEASED (Type or Print)!	a. (First) <u>Matthew</u>	b. (Middle)	c. (Last) <u>Verrone</u>	4. DATE OF DEATH	(Month) <u>8</u>	(Day) <u>1</u>	(Year) <u>1949</u>
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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>6-3-1889</u>	9. AGE (In years last birthday) <u>60 yrs</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 24 HRS. Days <u>7</u>	Hours <u>1</u>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ladies & Men's Tailoring</u>	11. BIRTHPLACE (State or foreign country) <u>Sclerno Italy</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Joseph Verrone</u>	13b. MOTHER'S MAIDEN NAME <u>Angelina Angese</u>	14. NAME OF HUSBAND OR WIFE <u>Lucille Verrone</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Verrone</u>	ADDRESS <u>3615 E 23rd</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion with cardiac infarction and pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>H201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-1, 1947, to 8-1, 1949, that I last saw the deceased alive on Aug. 1, 1949, and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title)	23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>	23c. DATE SIGNED <u>8-1-49</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wills Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Secular Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-3-49</u>	REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Seena B. Logetina</u>	ADDRESS <u>KC Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

Dr. E. J. ...

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.

Student _____
Student Embalmer

Signed *Debra B. ...*

Licensed Embalmer No. *4223*

P. O. Address *K. ...*

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.