

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30266

BIRTH NO. 64995-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3976

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 4 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 18th	
d. FULL NAME OF HOSPITAL OR INSTITUTION MENORAH HOSP		d. STREET ADDRESS (If rural, give location) 3424 E. 8th St.	

3. NAME OF DECEASED (Type or Print) a. (First) JIMM b. (Middle) JOSEPH c. (Last) GARGATTA	4. DATE OF DEATH (Month) (Day) (Year) 9 14 49
5. SEX M 6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S
8. DATE OF BIRTH 9/11/49	9. AGE (In years last birthday) IF UNDER 1 YEAR Months 4 IF UNDER 24 HRS. Day Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --	10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) KANSAS CITY Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME JAKE GARGOTTA	13b. MOTHER'S MAIDEN NAME VIVIAN LILLARD	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) --	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAKE GARGOTTA 3424 E 8TH
---	----------------------------	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		
ANTECEDENT CAUSES		DUE TO (b) meckel's diverticulum	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) cursing stenosis of entire large bowel	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		5721	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION meckel's Diverticulum & Atresia	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) Kansas City Jackson Mo
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 Sept 11th, 1949, to Sept 14th, 1949, that I last saw the deceased alive on Sept 14th, 1949, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE Joseph Getelson (Degree or title) M.D.	23b. ADDRESS 1219 Realto Bldg	23c. DATE SIGNED 9-15-49
---	-------------------------------	--------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/16/49	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM	24d. LOCATION (City, town, or county) (State) K.C. Mo
---	-------------------	--	---

DATE REC'D BY LOCAL REG. 9-16-49	REGISTRAR'S SIGNATURE Geraldine Holmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEBETO'S K.C. Mo
----------------------------------	--	---

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.

Student
Student Embalmer

Signed Ray E Snow

Licensed Embalmer No. 2560

P. O. Address 740 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.