

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1165**
56

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 2002		Registrar's No. _____			
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 township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 3.5 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 739 CHERRY 31st			
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSP				d. STREET ADDRESS (If rural, give location) 739 CHERRY 31st					
3. NAME OF DECEASED (Type or Print) a. (First) FILLIPO			b. (Middle) _____		c. (Last) GRAVINO		4. DATE OF DEATH (Month) (Day) (Year) 1 5-50		
5. SEX MO W		6. COLOR OR RACE _____		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIV S		8. DATE OF BIRTH AUG 6 1891		9. AGE (In years last birthday) 58	
IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER				10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) ITALY S				12. CITIZEN OF WHAT COUNTRY? ITALY					
13a. FATHER'S NAME Rocco GRAVINO			13b. MOTHER'S MAIDEN NAME MARIA CERBA			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 500-03-7361		17. INFORMANT'S SIGNATURE OR NAME MRS ROSE PISTONE				ADDRESS 535 FOREST	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture ANTECEDENT CAUSES DUE TO (b) Injury By Fall. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E978				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Deputy Coroner 123						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office bldg., etc.) Hospital		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 5 50 m.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Jumped thru window							
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 H. E. Upsher (Degree or title) MD				23b. ADDRESS 2800 Main		23c. DATE SIGNED 1/5/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/7/50		24c. NAME OF CEMETERY OR CREMATORY MT ST MARYS CEM		24d. LOCATION (City, town, or county) (State) K.C MO			
DATE REC'D BY LOCAL REG. 1-6-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE SEBETO FUNERAL HOME				ADDRESS CITY	

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 _____

Roy E Snow

Licensed Embalmer No. *2560*

P. O. Address *K E M*

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.