

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37197

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4654

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>4321 Genesee St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>			

3. NAME OF DECEASED (Type or Print)
 a. (First) GUISEPPE b. (Middle) Joseph c. (Last) Perutelli
Corrado

4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1950
 5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
 8. DATE OF BIRTH Jan. 13, 1887 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marble Carver
 10b. KIND OF BUSINESS OR INDUSTRY Gillman Granite Co.
 11. BIRTHPLACE (State or foreign country) Carrara, Italy 12. CITIZEN OF WHAT COUNTRY? 5

13a. FATHER'S NAME Arione Perutelli 13b. MOTHER'S MAIDEN NAME Julia Franzoni 14. NAME OF HUSBAND OR WIFE Mrs Aida Perutelli

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
 16. SOCIAL SECURITY NO. 487-01-2325
 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs A.C. Grunwald 2418 Brighton

18. CAUSE OF DEATH (Enter only one cause per case for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema, acute
 ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Coronary atherosclerosis
 DUE TO (c) occlusion
 II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH 2 hrs
3 weeks
4 1/2

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct 12, 1950, to Nov. 3, 1950, that I last saw the deceased alive on Nov. 3, 1950, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE Thos. A. Mc Hale (Degree or title) _____ 23b. ADDRESS Thos. A. Mc Hale 4620 Linden Ave 23c. DATE SIGNED 11-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 6, 1950 24c. NAME OF CEMETERY OR CREMATORY Calvary 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 11-4-50 REGISTRAR'S SIGNATURE Sheraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Thomas L. Wirk 4316 Troost AVE

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD
Corr. by aff. June 2, 1951

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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Thomas J. Miller*
Licensed Embalmer No. *775*
P. O. Address *A. O. 50*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 37197/50
Local Registrar's No. 4654

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13th day of March, 1951, before me appears Aida Perutelli, who, upon her oath, states that the original record of ~~birth~~ death for Corrado Joseph Perutelli died Nov. 3, 1950, in the State of Missouri, and which was filed at Kansas City ~~born~~ on Nov. 4, 1950, should be corrected as follows:

Item No. 3 should read ✓ Guiseppe Corrado Perutelli
Instead of Corrado Joseph Perutelli

Item No. _____ should read ~~Guiseppe Corrado Perutelli~~
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Aida Perutelli
Relationship wife

2418 Brighton, K.C.Mo.
Present Address.

Subscribed and sworn to before me this 13th day of March, 1951

My Commission expires May 31st, 1952 Allan T. Fennell Notary Public.
Jackson County, Missouri