

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40823

State File No.

4996

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

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital No. 1

d. STREET ADDRESS (If rural, give location) 328 Cypress

3. NAME OF DECEASED (Type or Print)
a. (First) Frank b. (Middle) _____ c. (Last) Lasta

4. DATE OF DEATH (Month) (Day) (Year)
11 27 50

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Jan 18 1899

9. AGE (In years last birthday) 51

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) New Orleans La. 1

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Frank Lasta

13b. MOTHER'S MAIDEN NAME - Salvaggio

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) None

16. SOCIAL SECURITY NO. Donot know

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Lasta 328 Cypress

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) Myocardial infarction
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

420!

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) _____

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 Nov. 18, 1950, to Nov. 27, 1950, that I last saw the deceased alive on Nov. 27, 1950, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] B. I. Burns (Degree or title)

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 11-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov 29-50

24c. NAME OF CEMETERY OR CREMATORY Cypress

24d. LOCATION (City, town, or county) (State) Kansas City MO

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 11-27-50 Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Passantino Bros KCMO

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

Dr. Wick

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.

Student Embalmer No.

Signed *Francis Walton*

Signed.....
Student Embalmer

Licensed Embalmer No. *2744*

P. O. Address *K C 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.