

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3600

State File No. \_\_\_\_\_

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Washington Ins.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>9 mo.</u>		3038	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>		d. STREET ADDRESS (If rural, give location) <u>522 Cherry</u>	

3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>—</u> c. (Last) <u>Lascuola</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 12 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Jan 1 1902</u>		9. AGE (In years last birthday) <u>49</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Salvatore Lascuola</u>	13b. MOTHER'S MAIDEN NAME <u>Rena Carmella</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marie Bonacore</u>	ADDRESS <u>522 Cherry, K.C., Mo.</u>
--	--	---	--------------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General paresis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilis</u>			<u>Unknown</u>
	DUE TO (c) _____			<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>025X</u>		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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) (Minute) _____	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 Aug 17 1957, to Jan 12 1957, that I last saw the deceased alive on Jan 12 1957, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George M. Boteler, M.D.</u>	23b. ADDRESS <u>State Hosp #3 Nevada Mo.</u>	23c. DATE SIGNED <u>Jan 12/57</u>
---	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan 13 1951</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
--	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Jan 13-51</u>	REGISTRAR'S SIGNATURE <u>Walter H. Yancey</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferny Funeral Home Nevada</u>	ADDRESS <u>Missouri</u>
---	---	-----	---	-------------------------

**DIVISION OF HEALTH OF MO.**

District No. 5 - Springfield

RECEIVED JAN 18 1951

Dist. File 121-134

Date Filed 1-18-51

FEB 9 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed H. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Newada 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.