

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4841

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

726

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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. LENGTH OF STAY, (If in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		1128	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3000 CHARLOTTE</u>				d. STREET ADDRESS (If rural, give location) <u>3000 CHARLOTTE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUKE</u>		b. (Middle) _____		c. (Last) <u>MATURO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 14 51</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>APRIL 11 1891</u>		9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF OVER 1 YEAR Hours _____ Mts. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCCER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>ANTHONY MATURO</u>		13b. MOTHER'S MAIDEN NAME <u>FAUSTINA LACAPRA</u>		14. NAME OF HUSBAND OR WIFE <u>MRS MARIE MATURO</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>PETE MATURO 531 CHARLOTTE KCMO</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Obesity</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>5 yrs</u> <u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>Kansas City Jackson MO</u>			
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 <u>January 1950</u> , to <u>Feb 14th 1951</u> , that I last saw the deceased alive on <u>Jan 31, 1951</u> , and that death occurred at <u>10:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph Getelson MD</u> (Degree or title)				23b. ADDRESS <u>1219 Realto Bldg</u>		23c. DATE SIGNED <u>2-15-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/17/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT ST MARY'S</u>		24d. LOCATION (City, town, or county) (State) <u>R.C. MO</u>		
DATE REC'D BY LOCAL REG. <u>2-16-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SERRETOS</u>		ADDRESS <u>CITY</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

