

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 12 1951

State File No. 12942

BIRTH NO.		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 46		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)				
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Prairie		c. LENGTH OF STAY (In this place)		a. STATE Missouri		
c. CITY (If outside corporate limits, write RURAL and give township) Independence		d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Co. Hosp.		d. STREET ADDRESS 931 Parker		b. COUNTY Jackson		
3. NAME OF DECEASED (Type or Print) Joseph Sciolaro			a. (First)			b. (Middle)		
4. DATE OF DEATH April 23 1951			c. (Last)			5. DATE (Month) (Day) (Year)		
5. SEX Male		6. COLOR OR RACE wh.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH JAN 13, 1888		
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months		IF UNDER 11 WKS. Days		IF UNDER 24 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HUSKSTER			10b. KIND OF BUSINESS OR INDUSTRY Self employed			11. BIRTHPLACE (State or foreign country) SICILY, ITALY		
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME JOSEPH SCIOLARO			13b. MOTHER'S MAIDEN NAME BERTHA LOMANTA		
14. NAME OF HUSBAND OR WIFE GENEVIEVE SCIOLARO			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES Spanish American			16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME MRS. BERTHA CALONE GILMER, TEXAS			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis cerebral a.			INTERVAL BETWEEN ONSET AND DEATH 2 wks		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			19. 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)			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 4-6-51, 19, to 4-23-51, 19, that I last saw the deceased alive on 4-23-51, 19, and that death occurred at 10:57am., from the causes and on the date stated above.		
23a. SIGNATURE J. C. Minerschein (Degree or title) M.D.			23b. ADDRESS Indep. Mo.			23c. DATE SIGNED 23 Apr 51		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			24b. DATE 4-26-1951			24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET, CEM.		
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.			25. FUNERAL DIRECTOR'S SIGNATURE Wm. C. Carson			ADDRESS Independence, Mo.		
DATE REC'D BY LOCAL REG. 4/24/51			REGISTRAR'S SIGNATURE Donald C. Emswary 378			25. FUNERAL DIRECTOR'S SIGNATURE Wm. C. Carson		

(Licensed Embalmer's Statement on Reverse Side)

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

480  
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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.

Signed \_\_\_\_\_

*Tom D. Marland*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4592

P. O. Address Indep. 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.