

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20147**
Registrar's No. **2694**

FILED **1111 7-1951** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON | |
| b. CITY OR TOWN KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | |
| c. LENGTH OF STAY (in this place) 50 YRS | | d. STREET ADDRESS (If rural, give location) 410 CAMPBELL 305⁰⁰ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A AT ST MARYS HOSP | | | |
| 3. NAME OF DECEASED (Type or Print) ROSS a. (First) GAGLIARDI b. (Middle) c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) 6 22 51 |
| 5. SEX MO | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WID. | 8. DATE OF BIRTH -- |
| 9. AGE (In years last birthday) 76 | | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAMP TENDER | | 10b. KIND OF BUSINESS OR INDUSTRY RAILROAD. | 11. BIRTHPLACE (State or foreign country) ITALY 5' |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A | | 13a. FATHER'S NAME unknown | |
| 13b. MOTHER'S MAIDEN NAME unknown | | 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) No. | | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT'S SIGNATURE OR NAME TERESA CARROLLA ADDRESS R. 6 M 6 |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Treated for Heart several years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH 4200 | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Hugh H. Owens (Degree or title) | | 23b. ADDRESS 1034 Realty Bldg. | 23c. DATE SIGNED 6-25-51 |
| 24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL | 24b. DATE 6-26-51 | 24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEM. | 24d. LOCATION (City, town, or county) (State) K.C. MO |
| DATE REC'D BY LOCAL REG 6-25-51 | REGISTRAR'S SIGNATURE Seraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S ADDRESS CITY | |

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 Russell W. Francis

Signed.....
Student Embalmer

Licensed Embalmer No. 4255

P. O. Address F. 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.