

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26754**
Registrar's No. **3469**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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	
c. LENGTH OF STAY (in this place) 12 YRS		d. STREET ADDRESS (If rural, give location) 403 Park	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) a. (First) Nick		b. (Middle) J		c. (Last) Agrusa		4. DATE OF DEATH (Month) (Day) (Year) 8 12 51	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 7-17-1927		9. AGE (In years last birthday) 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRADE SCHOOL		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Kansas City Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME NICK AGRUSA			13b. MOTHER'S MAIDEN NAME MARY SANTORE		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. 494-30-4469		17. INFORMANT'S SIGNATURE OR NAME MARY AGRUSA		ADDRESS 403 PARK	
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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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus				INTERVAL BETWEEN ONSET AND DEATH	
		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 Coma and hyperpyrexia Conditions contributing to the death but not related to the disease or condition causing death.				260*	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)		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 **July 31, 1951**, to **August 12, 1951**, that I last saw the deceased alive on **August 12, 1951** and that death occurred at **4:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns			B.I. BURNS (Degree or title)		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 8-13-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-16-51		24c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's		24d. LOCATION (City, town, or county) (State) KC MO	
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DATE REC'D BY LOCAL REG. 8-14-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Passantino Bros		ADDRESS KC MO	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

W. Jarvis

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.....

Francis S. Wallen

Licensed Embalmer No. *2744*

P. O. Address *KB 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.