

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35221

State File No. 4737 4522  
Registrar's No.

FILED NOV 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived in institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city</u>	
c. LENGTH OF STAY (In this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>418 Olive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2839 Troost Care</u>		3   08	

3. NAME OF DECEASED (Type or Print) a. (First) <u>IGNAZIO</u> b. (Middle) <u>S</u> c. (Last) <u>SPERA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 27 1952</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept 6, 1890</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Italy</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Paul Spera</u>	13b. MOTHER'S MAIDEN NAME <u>Lucia Scatta</u>	14. NAME OF HUSBAND OR WIFE <u>Anna M. Spera</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Spera</u>	ADDRESS <u>418 Olive</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 months</u>  <u>331K</u>  not known
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS generalized arteriosclerosis, arterio-sclerotic cardiac disease, myocardial		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>fibrosis and decompensation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 Aug. 9, 1952, to Sept. 11, 1952, that I last saw the deceased alive on Sept. 11, 1952, and that death occurred at 8 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.E. Castles M. D.</u>	23b. ADDRESS <u>1002 Argyle Building Kansas City, Missouri</u>	23c. DATE SIGNED <u>Oct. 28, 1952</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 30, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas city Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-29-52</u>	REGISTRAR'S SIGNATURE <u>Deraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Pasantun Bus &amp; Co - Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr Castle*

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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.

Student .....  
Student Embalmer

Signed *John R Sidman*

Licensed Embalmer No. *4531*

P. O. Address *KE-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.