

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

38872

State File No. ....

4965

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>46 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>316 Ord</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>	b. (Middle) <u>PLUCHINO</u>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>11-12-52</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>Married</u>	8. DATE OF BIRTH <u>Aug 26, 1876</u>	9. AGE (In years) (Month) (Day) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life even if retired) <u>Quarry Camp</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	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>Carmelo Pluchino</u>	13b. MOTHER'S MAIDEN NAME <u>Audenzia Minardi</u>	14. NAME OF HUSBAND OR WIFE <u>Carmelo Pluchino</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>487-01-8283</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Pluchino</u>	ADDRESS <u>325 Ord</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>610X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	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. <u>Arteriosclerosis, Generalized Postoperative Trans Ureth Prostatic Resection</u>		

19a. DATE OF OPERATION <u>11/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Hypertrophy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from October 14, 1952, to November 12, 1952, that I last saw the deceased alive on November 12, 1952, and that death occurred at 10<sup>00</sup> P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ira T. Smith</u> (Degree or title) <u>D.D. MD</u>	23b. ADDRESS <u>1019 Professional Bldg Kansas City, Mo</u>	23c. DATE SIGNED <u>11/13/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-13-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Passantio Bros</u>	ADDRESS <u>EE MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Ora T. Smith  
1074 Professional Bldg.  
Between 1 & 1:30 P.M.

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. Simon.....

Licensed Embalmer No. 4531.....

P. O. Address K.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.