

FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14483

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1982

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 OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2305 E 6th St</u>		e. STREET ADDRESS (If rural, give location) <u>2305 E 6th St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SALVATORE (JAM)</u> b. (Middle) <u>S</u> c. (Last) <u>SCHEMBRI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-12-1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, DIVORCED <u>Widowed</u>	
8. DATE OF BIRTH <u>4-3-1885</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. IF UNDER 1 YEAR Hours _____ Min. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Carl Schembri</u>		13b. MOTHER'S MAIDEN NAME <u>Lara Vitalia</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret Schembri</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-14-5817</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Angelo Schembri</u>		17. ADDRESS <u>2305 E 6th St</u>		18. CAUSE OF DEATH	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u> <u>4 mos</u> <u>3 mos</u>	
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19a. 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 1/8, 1953, to 4/12, 1953, that I last saw the deceased alive on 4/11, 1953, and that death occurred at 6:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. J. Cutcliff</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1222 Mc Lee</u>		23c. DATE SIGNED <u>4/13/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-15-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>		DATE REC'D BY LOCAL REG. <u>4-13-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Passatino Bros</u>		ADDRESS <u>KC MO</u>			

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

Dr Cutcliff
Nigro Clinic
1222 MCGEE

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.....
Signature of Student Embalmer

Signed *F. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address *KC, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.