

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21682**  
**2626**

FILED JUN 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>life</b>	c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>2808 East 9th Street</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>		b. (Middle) <b>S.</b>	c. (Last) <b>PALERMO</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 21, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married 1</b>	8. DATE OF BIRTH <b>6-17-97</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Motor Messenger</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Western Union</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Salvatore Palermo</b>		13b. MOTHER'S MAIDEN NAME <b>Giovanna Cangalosi</b>		14. NAME OF HUSBAND OR WIFE <b>Melva M. Palermo</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>193-22-0790</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Melva M. Palermo, 2808 E. 9th, KC, Mo.</b>		
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) <b>Acute Cardiac Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ruptured diverticulum of caecum</b> DUE TO <b>abrupted intestine from rupture P.O.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary Occlusion.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>8 wks</b> <b>30 yrs. ago</b> <b>11 yrs</b>
19a. DATE OF OPERATION <b>4-6-53</b> <b>4-21-53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Ruptured Diverticulum of caecum</b>				
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) (Min.)	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 <b>6-3-</b> , 19 <b>50</b> , to <b>5-21-</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>5-21-</b> , 19 <b>53</b> and that death occurred at <b>4:45 pm.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Thos. C. Mc Hale</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>4620 Indep. Ave.</b>		23c. DATE SIGNED <b>5-22-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-23-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>5-22-53</b>		REGISTRAR'S SIGNATURE <b>Theraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar, Kansas City, Mo.</b>	

Dr. Mc Hale

Dr 5750

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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.....  
Signature of Student Embalmer

Signed. *Arthur Eugene Lee*

Licensed Embalmer No. 491

P. O. Address. K. C. 7

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.