No. 300
10.48

2

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27763

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 896

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

1. PLACE OF DEATH
a. COUNTY Buchanan.
b. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~ St. Joseph
c. LENGTH OF STAY (in this place) 28 yrs 7 M. 15 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No. 2.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~ Kansas City 3648
d. STREET ADDRESS (If rural, give location) 4235 Forrest Ave. 1

3. NAME OF DECEASED (Type or Print) a. (First) CARLO b. (Middle) — c. (Last) CHARMALLO.

4. DATE OF DEATH (Month) (Day) (Year) 8- 15-1953.

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single.

8. DATE OF BIRTH 12-6-1890.

9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months 8 Days 9. | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor.

10b. KIND OF BUSINESS OR INDUSTRY Tailoring.

11. BIRTHPLACE (City and State or Foreign Country) Italy.

12. CITIZEN OF WHAT COUNTRY? naturalized U.S.A.

13a. FATHER'S NAME Angelo Charmallo

13b. MOTHER'S MAIDEN NAME Mary De Beass.

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service) no.

16. SOCIAL SECURITY NO. none.

17. INFORMANT'S SIGNATURE OR NAME Nick Charmallo - 4235 Forrest Ave. ADDRESS K.C. Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH 7 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Syphilis — 43 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 029X

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-1-, 1944, *to* 8-15-, 1953, *that I last saw the deceased alive on* 8-14-, 1953, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE J. H. Morrowway. (Degree or title) M.D.

23b. ADDRESS State Hospital No. 2, St. Joseph, Mo.

23c. DATE SIGNED 8-15-1953.

24a. BURIAL, CREMATION, REMOVAL (Specify) (removal)

24b. DATE August 15-1953

24c. NAME OF CEMETERY OR CREMATORY unknown

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. Aug 20, 1953

REGISTRAR'S SIGNATURE Esther M. Allison 48 S

25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer Neeman Inc. ADDRESS St. Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond H. Morehe

Licensed Embalmer No. 4413

P. O. Address St. Joseph 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.