

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **22164**

No. 300

10-48

|   |  |  |                   |  |                          |   |   |
|---|--|--|-------------------|--|--------------------------|---|---|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>42</u>   |                   | PRIMARY REG. DIST. NO. <u>1000</u>   |                          | Registrar's No. <u>816</u>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Budanan</u>   |  |  |                   | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)<br>a. STATE <u>Mo</u> <u>Jackson</u> COUNTY |                          |   |   |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>St Joseph</u>  |  | c. LENGTH OF STAY (in this place)<br><u>13 hrs 07 days</u>   |                   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>                                 |                          | 21. 8   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>State Hospital #2</u>   |  |  |                   | d. STREET ADDRESS (If rural, give location)<br><u>5816 E. 13<sup>th</sup> Street</u>   |                          |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Thomas</u>   |  |  | b. (Middle) _____ |  | c. (Last) <u>Mannino</u> |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>7 18 1954</u> |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White</u>   |                   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never married</u>   |                          | 8. DATE OF BIRTH<br><u>7-7-1895</u>   |   |
| 9. AGE (In years last birthday)<br><u>59</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Telegrapher</u> |                   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Railroad</u>   |                          | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Torretta Italy</u>         |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>America</u>  |  | 13a. FATHER'S NAME<br><u>Steven J. Mannino</u>   |                   | 13b. MOTHER'S MAIDEN NAME<br><u>Josephine Barbino</u>  |                          | 14. NAME OF HUSBAND OR WIFE<br><u>Not given</u>                                     |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>Not given</u>  |                   | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS<br><u>Miss Josephine Mannino Campbell 540</u>  |                          |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                         |  |  |                   |  |                          |   |   |
| MEDICAL CERTIFICATION   |  |  |                   |  |                          |   |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Syphilis</u>  |  |  |                   | INTERVAL BETWEEN ONSET AND DEATH<br><u>13 yrs +</u>  |                          |   |   |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |  |  |                   |  |                          |   |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychotic</u>  |  |  |                   |  |                          |   |   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>029 X</u>   |                   |  |                          | 20. AUTOPSY?<br>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 <u>7-18</u> , 1954, to <u>7-18</u> , 1954, that I last saw the deceased alive on <u>7-18</u> , 1954, and that death occurred at <u>6:19 P.M.</u> , from the causes and on the date stated above. |  |  |                   |  |                          |   |   |
| 23a. SIGNATURE<br><u>G.E. Cossins M.D.</u> (Degree or title)  |  |  |                   | 23b. ADDRESS<br><u>State Hospital #2 City</u>  |                          | 23c. DATE SIGNED<br><u>7-18-1954</u>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   |  | 24b. DATE<br><u>July 18, 1954</u>  |                   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Lapetina Funeral Home</u>   |                          | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri.</u>      |   |
| DATE REC'D BY LOCAL REG.<br><u>July 21, 1954</u>  |  | REGISTRAR'S SIGNATURE<br><u>Kathryn M. Allison</u>   |                   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Meierhoffer Fleaman, Inc.</u>   |                          | ADDRESS<br><u>St. Joseph, Mo.</u>   |   |

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

**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 \_\_\_\_\_

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\*\*\*\*

Student Embalmer No. \*\*\*\*

\*\*\*\*

working under my personal supervision.

\*\*\*\* \*\*\*\*\*

Student .....

Student Embalmer

Signed

*Robert E. Harrington*

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.