

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37495

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4994

1. PLACE OF DEATH  
a. COUNTY Jackson  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 1 yr.  
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 420 West 11th Street STREET ADDRESS (If rural, give location) 420 West 11th Street 3118

3. NAME OF DECEASED a. (First) Emilio b. (Middle) Mendillo (Last) MENDILLO 4. DATE OF DEATH (Month) (Day) (Year) Oct. 27, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH 12-8-28 9. AGE (In years last birthday) 25 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houseman 10b. KIND OF BUSINESS OR INDUSTRY Pickwick Hotel 11. BIRTHPLACE (City and State or Foreign Country) New Haven, Conn. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mendillo 13b. MOTHER'S MAIDEN NAME Nancy Santillo 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 014-28-2450 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Mindi Scott, 1205 Grand, K. C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cause of death unknown  
INTERVAL BETWEEN ONSET AND DEATH  
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. Dietary Epilepsy  
2533

19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Not Reported 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) Natural 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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. OWENS (Degree or title) 23b. ADDRESS 1034 Rialto Bldg 23c. DATE SIGNED 10-28-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 10-28-54 24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_ 24d. LOCATION (City, town, or county) (State) Hartford, Connecticut

DATE REC'D BY LOCAL REG. 10-28-54 REGISTRAR'S SIGNATURE Neve Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.

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

can be by ch  
7-21-54

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.