

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26283**
3350

FILED AUG 17 1955

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	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 <u>Menorah Medical Center</u>		STREET ADDRESS (If rural, give location) <u>505 PROSPECT</u> <u>3048</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>Lasalle</u> c. (Last) _____	4. DATE OF DEATH (Month) <u>8</u> (Day) <u>1</u> (Year) <u>55</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>MAY 18 1910</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cigar Store</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>ANTONIO LASALLE</u>	13b. MOTHER'S MARDEN NAME <u>FAUSTINO MASSABIO</u>	14. NAME OF HUSBAND OR WIFE <u>CATHERINE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>CATHERINE LASALLE</u> ADDRESS <u>505 PROSPECT</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Rheumatic Heart Disease with Aortic + mitral stenosis, severe.</u>		
	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.		<u>400X</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 _____ 1957, to 7-31, 1955, that I last saw the deceased alive on 7-31, 1955, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>William Lowe Mundy</u> (Degree or title) _____	23b. ADDRESS <u>424 Professional Bldg.</u>	23c. DATE SIGNED <u>8-1-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-4-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MC OLIVET CEM</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. MO</u>
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DATE REC'D BY LOCAL REG. <u>8-3-55</u> <u>Deva Minchell</u>	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBETO'S</u> ADDRESS <u>KCMO</u>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
H. Leroy Mooney

Licensed Embalmer No.....*477*

P. O. Address.....*Kal. 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.