

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **738**

BIRTH NO. _____		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>26</b>				
1. PLACE OF DEATH a. COUNTY <b>COLE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <b>KANSAS</b>				b. COUNTY <b>CRAWFORD</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON CITY, MO</b>			c. LENGTH OF STAY (in this place) <b>2 DAYS</b>		c. CITY OR TOWN <b>PITTSBURG</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARYS HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>R. # 1</b>				<b>8509</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>			b. (Middle)		c. (Last) <b>MACARI</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 18, 1956</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 17, 1877</b>		9. AGE (In years last birthday) <b>78</b>		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Retired Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>Barney Macari</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Mary Leyra</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. MARY MACARI</b>					ADDRESS <b>PTTTSBURG, Kan.</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* <b>Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerotic Heart Disease</b>  DUE TO (b) <b>Disease</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <b>Arteriosclerosis, pneumonia</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>cerebral hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</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)		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>Jan 3</b> 19 <b>56</b> to <b>Jan 18, 1956</b> that I last saw the deceased alive on <b>Jan 7, 1956</b> , and that death occurred at <b>7:20 A.M.</b> from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <b>J. A. Ockman MD</b>				23b. ADDRESS <b>Jefferson City, Mo</b>			23c. DATE SIGNED <b>Jan. 18, 1956</b>			
24a. BURIAL, CREMATION, REMOVAL		24b. DATE <b>1/17/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cem - Pittsburg</b>		24d. LOCATION (City, town, or county) (State) <b>FRONTENAC - KANSAS</b>				
DATE REC'D BY LOCAL REG. <b>18 Jan 1956</b>		REGISTRAR'S SIGNATURE <b>R. P. Dorris MD-7A</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sylvester Gulle</b>		ADDRESS <b>J. C. MO.</b>				

23/Jan 1956 cur.

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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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.....  
*Sylvester J. Guller*

Licensed Embalmer No. *432*

P. O. Address.....  
*Jeffersonville*

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.