

APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13538  
State File No. \_\_\_\_\_1360  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1360</u>			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a.. STATE <b>Missouri</b>				b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>18 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>1458 East 67th Street</b>				e. STREET ADDRESS (If rural, give location) <b>1458 East 67th Street</b>				<b>35780</b>	
3. NAME OF DECEASED (Type or Print)		a. (First) <b>John</b>		b. (Middle) <b>—</b>		c. (Last) <b>VERNA</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3-28-1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>9-20-1873</b>		9. AGE (In years last birthday) <b>82</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>C. W. &amp; F. Mining Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Turin, Italy</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>John Verna</b>			13b. MOTHER'S MAIDEN NAME <b>Mina Chiartario</b>			14. NAME OF HUSBAND OR WIFE <b>Mina Verna</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>333-10-6777</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ray Sekinger</b>		ADDRESS <b>1458 E. 67th K. C. Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured compensation</b>						INTERVAL BETWEEN ONSET AND DEATH <b>one week.</b>	
		ANTECEDENT CAUSES DUE TO (b) <b>M<sup>1</sup>tral Regurgitation</b>						<b>2 yrs.</b>	
		DUE TO (c) _____						<b>410x</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Virus infection</b>						<b>2 weeks</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) 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 <u>1950</u> , 19 <u>  </u> , to <u>March 28, 1956</u> , that I last saw the deceased alive on <u>Mar. 25, 1956</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <b>James W. Graham</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>518 Argyle Bldg. K C Mo.</b>		23c. DATE SIGNED <b>3/29/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>3-29-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>—</b>		24d. LOCATION (City, town, or county) (State) <b>Herrin, Illinois</b>			
DATE REC'D BY LOCAL REG. <b>3-29-56</b>		REGISTRAR'S SIGNATURE <b>Neve Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Muehlebach Funeral Home</b>		ADDRESS <b>Kansas City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*Wm. J. Ward*

Licensed Embalmer No. 39

P. O. Address 308 E. 6th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.