

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

350

STATE FILE NUMBER

50

FILED JAN 28 1957

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

| | | | | | |
|---|---------------------------|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1403 Mitchell Ave | | Length of stay in lb 67 Yrs | d. STREET ADDRESS 1403 Mitchell Ave | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Marion Piro | | | 4. DATE OF DEATH Month Day Year January 18, 1957 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 1, 1884 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Owner | | 10b. KIND OF BUSINESS OR INDUSTRY Restaurant | 11. BIRTHPLACE (City and state or country) Termini, Cicily | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME John Piro | | | 14. MOTHER'S MAIDEN NAME Anna (Not Known) | | |
| 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. None | 17. INFORMANT Address Mrs Anna Piro 1403 Mitchell Ave. | | |
| 18. CAUSE OF DEATH [Enter only one cause per link for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Old Hypertension DUE TO (c) Arteriosclerotic Changes PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) | | | | | INTERVAL BETWEEN ONSET AND DEATH Several Months Yrs Yrs |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 10-18-55 to 1-18-57 and last saw him alive on 1-18-57 Death occurred at 10:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Do not write in this space) Robert W. Kelder, M.D. | | | 22b. ADDRESS St Joseph, Mo | | 22c. DATE SIGNED 1-19-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Jan. 22, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo. |
| 24. FUNERAL DIRECTOR Herman W. Sidenfaden | | ADDRESS St Joseph Mo. | 25. DATE RECD. BY LOCAL REG. Jan. 21, 1957 | 25. REGISTRAR'S SIGNATURE Loether M. Allison | |

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

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. 3308

P. O. Address St. Joseph

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