

FILED JAN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1583

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived, or institution residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Independence</i>	c. LENGTH OF STAY (in this place) <i>30 yrs</i>	c. CITY OR TOWN <i>Independence</i>	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 <i>3477 Blue Ridge Blvd</i>		e. STREET ADDRESS (If rural, give location) <i>3477 Blue Ridge 100</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>SAM</i>	b. (Middle) <i>LASALA</i>	c. (Last) <i>LASALA</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>1-7-1957</i>
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5. SEX <i>male</i>	6. COLOR OF RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-19-1903</i>	9. AGE (in years last birthday) <i>53</i>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>grocery</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State, Foreign Country) <i>Fairfax, Va</i>	12. CITIZEN OF WHAT COUNTRY? <i>usa</i>
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13a. FATHER'S NAME <i>Mississippi Lasala</i>	13b. MOTHER'S MAIDEN NAME <i>Abelona La Marco</i>	14. NAME OF HUSBAND OR WIFE <i>Helen La Sala</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>497-36-9391</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Helen La Sala</i>	ADDRESS <i>Indep. Mo.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fibrillation</i>		<i>1 week</i>
	ANTECEDENT CAUSES DUE TO (b) <i>Mitral regurgitation</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <i>Dilatation of heart</i>		<i>10 years</i>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<i>3 months.</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <i>410X</i> 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)
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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?
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22. I hereby certify that I attended the deceased from *1940*, 19___, to *Jan 7*, 19*57*, that I last saw the deceased alive on *Jan 7*, 19*57*, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>James M. Graham M. D.</i>	23b. ADDRESS <i>518 Argyle Bldg K C Mo</i>	23c. DATE SIGNED <i>Jan 8, 1957</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1-10-57</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt Olivet Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>
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DATE REC'D BY LOCAL REG <i>1-10-57</i>	REGISTRAR'S SIGNATURE <i>James M. Graham</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Pasquino Bros</i>	ADDRESS <i>K C Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

54
6

Dr Jack Abraham
Regyle Bldg

JAN 15 1957

FEB 14 1957

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 *Louard G. Passantino*.....

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.