

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018438
STATE FILE NUMBER

FILED MAY 29 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2432

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Parkville</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parkville, Missouri</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Parkville, Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research</u> Length of stay in 1b <u>1 da.</u>		d. STREET ADDRESS (If outside, give location) <u>RFD 5 - Bx 402.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mario</u> Middle <u>Santio</u> Last <u>PARRETT</u>		4. DATE OF DEATH Month <u>May</u> Day <u>8</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 21 - 1883</u>
9. AGE (In years) <u>75</u> UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and state or country) <u>Milan Italy</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Yes</u>		13a. FATHER'S NAME <u>don't know</u>	
13b. MOTHER'S MAIDEN NAME <u>don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Braghetta Parretti</u>	
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. <u>492-26-7365A</u>	
17. INFORMANT <u>Laura B Parretti</u> Address <u>Parkville</u>		17. INFORMANT Address <u>RFD 5 Bx 402</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Acute bacterial</u> DUE TO (c) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3/7-5/8</u> <u>17/18-58</u> <u>3/7-58</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>5/7-58</u> to <u>5/8-58</u> and last saw him alive on <u>5/8/58, 3:04</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. Saladino, M.D.</u> (Degree or title)		22b. ADDRESS <u>1040 Argyle</u>	
22c. DATE SIGNED <u>5-9-58</u>		23a. METHOD OF CREMATION (Specify) <u>REMOVAL</u>	
23b. DATE <u>May 13 - 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>East Slope</u>	
23d. LOCATION (City, town, or county) <u>Parkville</u> (State) <u>MO</u>		24. FUNERAL DIRECTOR <u>J.N. Francis</u> ADDRESS <u>Parkville</u>	
25. DATE RECD. BY LOCAL REG. <u>5-13-58</u>		26. REGISTRAR'S SIGNATURE <u>neva minshall</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

A. Saladino

Argile Bledy
anthony saladino

1040

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 Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville

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.