

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044283
STATE FILE NUMBER
5922

FILED JAN 5 1959 Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 5922

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		d. STREET ADDRESS (If outside, give location) 341 S. VAN BRUNT	
3. NAME OF DECEASED (Type or print) First Middle Last MR. DINO MERLI		4. DATE OF DEATH Month Day Year DECEMBER 12, 1958	
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. 27, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner, Wholesale Jewelry Company		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 66
11. BIRTHPLACE (City and state or country) MACERATA, ITALY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME CESARE MERLI		13b. MOTHER'S MAIDEN NAME VIRGINIA MENEGHINI	
14. NAME OF HUSBAND OR WIFE AUGUSTA MERLI		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. ---		17. INFORMANT Address MRS. AUGUSTA MERLI - 341 S. VAN BRUNT BLVD.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Vascular collapse</i> DUE TO (b) <i>Multiple Thrombi</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>46 lit</i>			INTERVAL BETWEEN ONSET AND DEATH <i>24 hr.</i> <i>48 hr.</i>
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 <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 <i>Dec 10, 1958</i> to <i>Dec 12, 1958</i> and last saw her alive on <i>Dec. 12, 1958</i> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. P. McCalla, M.D.</i>		22b. ADDRESS <i>2610 E 63rd Kansas City Mo.</i>	
22c. DATE SIGNED <i>12-13-58</i>		23. NAME OF CEMETERY OR CREMATORY <i>MT. OLIVET CEMETERY</i>	
23a. BUCIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>DEC. 15, 1958</i>	
23c. LOCATION (City, town, or county) (State) <i>KANSAS CITY, MISSOURI</i>		24. FUNERAL DIRECTOR ADDRESS <i>STINE & McCLURE UND. CO., KANSAS CITY, MO. 12-15-58</i>	
25. DATE RECD. BY LOCAL REG. <i>12-15-58</i>		26. REGISTRAR'S SIGNATURE <i>neva Minshall</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
J. P. Mc Calla

206 3-2311

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 *J. S. Malton*

Licensed Embalmer No. *27114*
P. O. Address *K. C. Md*

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.