RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

5318 60-038543

STATE FILE NUMBER

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo
Length of stay in 1b: 1MONTH
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Prairie Village
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6737 Granada Lane
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Joseph Middle FELIX Last Scoppa

4. DATE OF DEATH: Month October Day 22 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-18-29
9. AGE (last birthday): 31
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENTERTAINER
10b. KIND OF BUSINESS OR INDUSTRY: THE VICTORS MUSICIAN
11. BIRTHPLACE (City and state or country): PHILADELPHIA, PA.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: VINCENT SCOPPA
13b. MOTHER'S MAIDEN NAME: THERESA LAZZARO
14. NAME OF HUSBAND OR WIFE: MRS. JOANNE SCOPPA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) KOREA
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. JOANNE SCOPPA Address: 6737 GRANADA LAN PRAIRIE VILLAGE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cirrhosis of the liver = Jaundice and
DUE TO (b) Splenomegaly
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 8 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Multiple pulmonaly abscess

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Sept. 1960, to Oct. 22, 1960 I last saw him alive on Oct. 22, 1960
Death occurred at 6:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. J. Twin, M.D. (Degree or title)
22b. ADDRESS 701 E. 63rd, K.C. Mo.
22c. DATE SIGNED 10/23/60

BY AFFIDAVIT OF E. J. Twin

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: OCT. 23, 1960
23c. NAME OF CEMETERY OR CREMATORY: HOLY CROSS CEMETERY
23d. LOCATION (City, town, or county) (State): PHILADELPHIA, PENNSYLVANIA

24. FUNERAL DIRECTOR: D.W.NEWCOMER'S SONS ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 10-23-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chester K Brown

Signature of Student Embalmer

Licensed Embalmer No. 49

P. O. Address K C

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