

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012725

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 375 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF *Wm B. Roast, M.D.* MEDICAL CERTIFICATION

**FILED APR 17 1961**

1. PLACE OF DEATH  
 a. COUNTY Buchanan  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b 60 years  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1924 Felix St. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Buchanan  
 c. CITY OR TOWN St. Joseph Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1924 Felix St. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First JAMES Middle PIRO Last PIRO  
 4. DATE OF DEATH Month April Day 11 Year 1961

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 5/3/1881 9. AGE (last birthday) 79  
 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) retired fruit dealer 10b. KIND OF BUSINESS OR INDUSTRY Fruit Market 11. BIRTHPLACE (City and state or country) Sicily, Italy 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Piro 13b. MOTHER'S MAIDEN NAME Anna Rizzo 14. NAME OF HUSBAND OR WIFE Maria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Miss Marie Piro, 1924 Felix, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular renal disease with cardiac failure INTERVAL BETWEEN ONSET AND DEATH ? several weeks?  
 DUE TO (b) Arteriosclerosis, generalized ?  
 DUE TO (c)      ?  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 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      Month, Day, Year      a.m.      p.m.     

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 4-17-54 to 4-11-61 and last saw her/him alive on 4-9-61  
 Death occurred at 12:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Wm B. Roast, M.D.* 22b. ADDRESS 316 North 10th, St. Joseph, Mo. 22c. DATE SIGNED 4-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 4/15/1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph Missouri

24. FUNERAL DIRECTOR ADDRESS Heston Bowman St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. April 13 1961 26. REGISTRAR'S SIGNATURE *Wm. Clark Goodell*

**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 William Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph Mo

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.