

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048100

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6831

FILED JAN 9 1964

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED	12-26-63	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	Marion Lapaglia
1	2				
2 <u>34/68</u>					
3					
4 <u>0</u>					
5 <u>1</u>					
6					
7 <u>2</u>					
8 <u>2</u>					
9 <u>4/42x</u>					
10					
11					
12 <u>92-2</u>					
13					
BY AFFIDAVIT OF	SHOULD READ	Marino Lapaglia	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	Irene Lapaglia, Informant DOCUMENT
3					

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) Kansas City		Length of stay in 1b 50 yrs.	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital DOA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3644 Summit
3. NAME OF DECEASED (Type or print) MARION Marino LAPAGLIA		4. DATE OF DEATH December 15, 1963	
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 12-25-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Restaurant Business	11. BIRTHPLACE (City and state or country) Italy
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
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. [redacted]	
17. INFORMANT Mrs. Irene Lapaglia		Address 3644 Summit	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio Renal / Vascular Disease 5 years			
DUE TO (c)			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
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 Dec 13, 1963 to Dec 15, 1963 and last saw ^{her} him alive on Dec 15, 1963		Death occurred at 3:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Carl T. Moore D.O.		22b. ADDRESS 6425 E 37th KC. 64129, Mo	22c. DATE SIGNED 12-17-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-18-63	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Melody-McGilley-Eylar		ADDRESS 20 W. Linwood	25. DATE RECD. BY LOCAL REG. 12-17-63
			26. REGISTRAR'S SIGNATURE Bessie Smith

USE BLACK INK OR TYPEWRITER RIBBON

Mr. Carl J. Moore
6425 E. 37th

Ma 4-7267

Tues: 1:30 to 5:00

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 James E. Ackleman

Licensed Embalmer No. 4573

P. O. Address K.C. 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.