

No. 300
10. 48

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5354

State File No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>30 Min.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>1228 Park Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Olive</u>		b. (Middle) <u>G.</u>		c. (Last) <u>Cipolla</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 5, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 20, 1915</u>	
9. AGE (In years last birthday) <u>33</u>		IF 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>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harry Callahan</u>		13b. MOTHER'S MAIDEN NAME <u>Della Callahan</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Paul Cipolla</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-16-1483</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Cipolla Kansas City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal injuries</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>X/</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Car accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Johnson Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 5 49 4:45 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>			
22. I hereby certify that I attended the deceased from <u>Pf Dead when first seen</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Hinton H. Hilcocks, M.D.</u> (Degree or title)				23b. ADDRESS <u>Warrensburg Clinic Warrensburg, Mo.</u>		23c. DATE SIGNED <u>2-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forrest Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 7, 1949</u>		REGISTRAR'S SIGNATURE <u>Savannah Deetjen</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. NewComer's Sons Kansas City, Mo</u>			

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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.

Signed _____

Signed _____

Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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 this body is not embalmed, fact should be so stated above.