

No. 300
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FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43795
5457

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JACKSON			
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN KANSAS CITY			
d. FULL NAME OF HOSPITAL OR INSTITUTION 407 HOLMES				d. STREET ADDRESS (If rural, give location) 407 HOLMES 3030			
3. NAME OF DECEASED (Type or Print) PAUL		a. (First)		b. (Middle) SCOLA		c. (Last)	
4. DATE OF DEATH 12 23 49		(Month)		(Day)		(Year)	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 1879	
9. AGE (in years last birthday) 70		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ITALY 5		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ANGELO SCOLA		13b. MOTHER'S MAIDEN NAME PATRICIA SCANDALITA		14. NAME OF HUSBAND OR WIFE MARY SCOLA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY SCOLA 407 Holmes			
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) ARTERIOSCLEROTIC HEART DISEASE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ASTHMA BRONCHIAL DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EMPHYSEMA				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H200				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from DEC 10, 1949, to DEC 23, 1949, that I last saw the deceased alive on DEC 23, 1949, and that death occurred at 2:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Edward P. Altomare (Degree or title) M.D.				23b. ADDRESS 1030 Pacific K.C., Mo		23c. DATE SIGNED Dec 24, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/27/49		24c. NAME OF CEMETERY OR CREMATORY MT ST MARY'S		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO	
DATE REC'D BY LOCAL REG 12-26-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S		ADDRESS CITY	

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed Roy E Snow

Licensed Embalmer No. 2560

P. O. Address Fl 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.