

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8982

1381

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>L002</u>		Registrar's No.				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write B.R.A.D. and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>321 E. 43rd</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vineyard Park Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>321 E. 43rd</u>				300		
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRENE</u>			b. (Middle)			c. (Last) <u>SARNO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-22-50</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5-29-1902</u>		9. AGE (in years) (If under 1 year: Months Days) (If under 4 hrs: Hours Min.) <u>47</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bart. Attorney of husband - Chasoff</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Okla</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Wm Severston</u>			13b. MOTHER'S MAIDEN NAME <u>Maggie Jacobs</u>			14. NAME OF HUSBAND OR WIFE <u>L. Duke Sarno</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>486-09 9440</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L. Duke Sarno</u>				ADDRESS <u>321 E. 43rd</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES <u>Analgesia positive for barbiturate poison</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to unknown structural</u> DUE TO <u>Analgesia & stomachic contents</u> 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>E 93-14</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE? (Specify) <u>?</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, bus, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-22-50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>barbiturated</u>						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, 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>Hugh H. Owens</u> (Degree or title) <u>OWENS</u>				23b. ADDRESS <u>1034 Pinkette Blvd</u>				23c. DATE SIGNED <u>3-22-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Marys Cem</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>				
DATE REC'D BY LOCAL REG. <u>3-24-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>				FUNERAL DIRECTOR'S SIGNATURE <u>Lozeline</u>		ADDRESS <u>K.C. Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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

Peter B. Lagalier

Licensed Embalmer No. *4723*

P. O. Address *KCMo*

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.