

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16621

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2204

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Jackson City</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Jackson City</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>513 Holmes St.</i>		d. STREET ADDRESS (If rural, give location) <i>513 Holmes</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>VINCENT</i> b. (Middle) <i>ALAGNA</i> c. (Last) <i>ALAGNA</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>5-14-50</i>		
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5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>7-26-1903</i>	9. AGE (10 years last birthday) <i>46</i>	IF UNDER 1 YEAR Months   Days	IF UNDER 2 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>H.C. Power + Sign</i>		11. BIRTHPLACE (State or foreign country) <i>Kansas City Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Anthony Alagna</i>		13b. MOTHER'S MARDEN NAME <i>Maria Gnolfo</i>		14. NAME OF HUSBAND OR WIFE <i>Josephine Alagna</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>486-10-7747</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Josephine Alagna</i> ADDRESS <i>513 Holmes</i>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arteriosclerotic &amp; hypertensive heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH  <i>yes</i>
	ANTECEDENT CAUSES Morbidity 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. <i>Pulmonary Infarction</i>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 *11-10-1949* to *May 13, 1950*, that I last saw the deceased alive on *May 13, 1950*, and that death occurred at *1:30 pm* from the causes and on the date stated above.

23a. SIGNATURE <i>V. B. Ballard</i> (Degree or title)	23b. ADDRESS <i>1720 Professional Bldg</i>	23c. DATE SIGNED <i>5-15-50</i>
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24a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-17-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEMETERY</i>	24d. LOCATION (City, town, or county) (State) <i>KANSAS CITY, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>5-15-50</i>	REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Passantina Bros</i> ADDRESS <i>2117 W DEP. Blvd</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Ballard  
1220 Professional Bldg.

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed J. S. Walton.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 2744.....

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 this body is not embalmed, fact should be so stated above.