

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16720

2293

| | | | | | | | |
|--|-------------------------------|--|---|---|--|---|--------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>002</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>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>50 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | | | d. STREET ADDRESS (If rural, give location) <u>4138 Montgall</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Emilio</u> | | | b. (Middle) _____ | | | c. (Last) <u>Muscato</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>5 26 51</u> | | | | | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>1881</u> <u>Aug. 5, 1879</u> | 9. AGE (In years less birthday) <u>74 69</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>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>R. W. Gees Produce</u> | | 11. BIRTHPLACE (State or foreign country) <u>Italy</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Unknown Anthony Muscato</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown Maria De Mayo</u> | | 14. NAME OF HUSBAND OR WIFE <u>Santa Muscato</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u> <u>NON</u> | | 16. SOCIAL SECURITY NO. <u>500-14-0632</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary T. Jennings 4224 Monroe R. E. 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>Pulmonary congestion and edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac dilatation and hypertrophy</u> DUE TO (c) <u>Luetic aortitis with aortic insufficiency</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 <u>02:51</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" 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 <u>April 30, 1951</u> , to <u>May 26, 1951</u> , that I last saw the deceased alive on <u>May 26, 1951</u> , and that death occurred at <u>5:30A m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>B. I. Burns</u> (Degree or Title) | | | | 23b. ADDRESS <u>24th & Cherry</u> | | 23c. DATE SIGNED <u>5-28-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5/29/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri.</u> | |
| DATE REC'D BY LOCAL REG. <u>5-28-51</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar K. C., Mo.</u> | | |

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

to Embaler

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 *Max H. Kirkendall*

Licensed Embalmer No. *4632*

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.