

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16791

State File No. 2297

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

3008

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 28 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 9958	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1268 W. GREGORY BLVD		d. STREET ADDRESS (If rural, give location) 1268 W. GREGORY	

3. NAME OF DECEASED (Type or Print) a. (First) MARIANO	b. (Middle) SCAGLIA	c. (Last) SCAGLIA	4. DATE OF DEATH (Month) (Day) (Year) MAY 26, 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 27, 1889	9. AGE (In years: last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-MERCHANT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ITALY 5	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME PHILLIP SCAGLIA	13b. MOTHER'S MAIDEN NAME ANNA MARIE VALENTI	14. NAME OF HUSBAND OR WIFE MARY SCAGLIA
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MARY SCAGLIA	ADDRESS 1268 W. GREGORY ST. MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH July 4 '43 ad. May 25 '51 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis with Myocardial Infarction		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION	

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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

2. I hereby certify that I attended the deceased from 2/20, 1950, to 4/30, 1951, that I last saw the deceased alive on 5/26, 1951, and that death occurred at 10:27 a.m. from the causes and on the date stated above.

23a. SIGNATURE William Wayne Allen (Degree or title)	23b. ADDRESS 1268 W. GREGORY ST. MO.	23c. DATE SIGNED 5/28/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 29, 1951	24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
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DATE REC'D BY LOCAL REG. 5-28-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Kate E. Kogelton K.C., Mo.
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Deen B. Leggett

Signed.....
Student Embalmer

Licensed Embalmer No. *4273*

P. O. Address *KANSAS CITY, 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.