

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Schwartz
State File No. 19862
Registrar's No. 365

FILED JUL 2 - 1951

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 365		
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		0396		
d. FULL NAME OF HOSPITAL OR INSTITUTION 680 So. Robberson				d. STREET ADDRESS (If rural, give location) 680 So. Robberson				
3. NAME OF DECEASED (Type or Print) a. (First) Joseph			b. (Middle) Hames		c. (Last) Consalvo		4. DATE OF DEATH (Month) (Day) (Year) June, 24, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June, 7, 1950	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Nicolas Consalvo			13b. MOTHER'S MAIDEN NAME Angela Otradovec		14. NAME OF HUSBAND OR WIFE None			
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Angela Otradovec Springfield, Mo				
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) Congenital Heart Disease Tetralogy of Fallot. ANTECEDENT CAUSES Morbid 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.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7540					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) (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>June 7, 1950</u> , to <u>June 24</u> , 1951, that I last saw the deceased alive on <u>June 23</u> , 1951, and that death occurred at <u>2:45 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE H. Schwartz M.D.				23b. ADDRESS 609 Cherry Springfield		23c. DATE SIGNED 6-25-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/26/51		24c. NAME OF CEMETERY OR CREMATORY Karlin Cemetery		24d. LOCATION (City, town, or county) (State) Karlin, Missouri		
DATE REC'D BY LOCAL REG. 6-25-51		REGISTRAR'S SIGNATURE W. E. Handrup M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Lohmeyer Springfield, Mo				

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Lucian T. Swadlow

Signed.....
Student Embalmer

Licensed Embalmer No. *4815*

P. O. Address *Springfield*

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.