

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41546  
5410

State File No. ....

FILED JAN 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City,</u>	
c. LENGTH OF STAY (in this place) <u>0</u> <u>1/2</u>		d. STREET ADDRESS (If rural, give location) <u>2843 Wabash</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>411 Grand Avenue</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) <u>F.</u>	c. (Last) <u>Consiglio</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>12 15 51</u>

5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 13, 1904</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K C So. R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Worcester, Mass. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Pasquale Consiglio</u>	13b. MOTHER'S MAIDEN NAME <u>Catherina Bocca</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Catherine Consiglio</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war or date of service) <u>Navy H.F.W.W.</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Catherine Consiglio</u>	ADDRESS <u>2843 Wabash</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing Injury to Chest &amp; Pelvis</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>5-9:50</u>
	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. <u>Fractured Ribs &amp; Lung</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental RR Wards</u>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office, etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>12-15-51</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Caught between Cart &amp; Bldg</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>3</u>	23b. ADDRESS <u>1034 Wabash Bldg</u>	23c. DATE SIGNED <u>12-15-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>
	24d. LOCATION (City, town, or county) <u>Kansas City</u>	(State) <u>Mo.</u>

DATE REC'D BY LOCAL REG. <u>12-17-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGille-Eylar</u>	ADDRESS <u>Funeral Home</u>
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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 \_\_\_\_\_

*Russell N. France*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*J. H. Ryan*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_ *KC*

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.