

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 28 1955

State File No. **29835**
Registrar's No. **3904**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. No. <u>1002</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>Mo</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson City</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Jackson City</u>		Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>546 Holman</u>				e. STREET ADDRESS (If rural, state location) <u>546 Holman</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Petrolino</u> b. (Middle) <u>Servin</u> c. (Last) <u>Servin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-4-55</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>Mex</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>4-15-1864</u>		
9. AGE (in years last birth) <u>91</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>retired</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Petrolino Servin</u>			13b. MOTHER'S MARRIEN NAME <u>Mary Munoz</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Servin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louis Servin</u> ADDRESS <u>546 Hol</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> 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 <u>3 days</u> <u>331X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input 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) _____		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>10-16</u> , <u>1954</u> , to <u>9-4</u> , <u>1955</u> , that I last saw the deceased alive on <u>9-4</u> , <u>1955</u> and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>D. M. Negro</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1222 W. 84th</u>		23c. DATE SIGNED <u>9/6/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/7/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt St Mary's</u>		24d. LOCATION (City, town or county) (State) <u>MO</u>		
DATE REC'D BY LOCAL REG. <u>9-6-55</u>		REGISTRAR'S SIGNATURE <u>Beva Minshall</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Peter J. Kojetka</u>		ADDRESS <u>MO</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
D. M. Negro

Mar 3 1886

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.....
Signature of Student Embalmer

Signed.....
John B. Regetian

Licensed Embalmer No. *422*

P. O. Address *K. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.