

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9030

State File No. _____

1226

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>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>48 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>	d. 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>Osteopathic Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>1200 Admiral 3150</u>	

3. NAME OF DECEASED (Type or Print) <u>PASQUALE (PATSY) CERVELLO</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>3-17-56</u>
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5. SEX <u>Male</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 1899</u>	9. AGE (In years last birthday) <u>66</u>	If UNDER 1 YEAR Months Days	If UNDER 2 HRS. Hours Min.
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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 <u>KC Power Light & Heat</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fla</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Emmanuel Cervello</u>	13b. FATHER'S MAIDEN NAME <u>Anna Lizza</u>	14. NAME OF HUSBAND OR WIFE <u>Joan Cervello</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>486-03-4863</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joan Cervello</u>	ADDRESS <u>509 Scarrill Bldg</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u>		<u>year</u>
	DUE TO (c) <u>ptemchom - other schem</u>		<u>5703</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Volvulus - Intestinal Obstruction</u>		<u>3 days</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Volvulus - Intestinal Obstruction and other findings of Colon</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-15-1956, to 3-17-1956, that I last saw the deceased alive on 3-17-1956, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. De Renne</u> (Degree or title) <u>Do.</u>	23b. ADDRESS <u>509 Scarrill Bldg</u>	23c. DATE SIGNED <u>3-17-56</u>
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24. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-20-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Cleavel</u>	24d. LOCATION (City, town, or county) (State) <u>KC Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-20-56</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. [unclear]</u>	ADDRESS <u>K.C. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Bo 1-2955-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me ~~only~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John T. Moore*.....

Licensed Embalmer No. *472*.....

P. O. Address *Kamas*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.