

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43565

STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1395

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		d. STREET ADDRESS 1111 Frederick	
Length of stay in lb 36 Yrs		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Salvator Scalisi			4. DATE OF DEATH Month Day Year Dec. 18, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 2, 1898	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe repairs		10b. KIND OF BUSINESS OR INDUSTRY Retail Shoe		11. BIRTHPLACE (City and state or country) Sicily USA	
13. FATHER'S NAME Francis Scalisi			14. MOTHER'S MAIDEN NAME Virginia Pusateri		
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. \$00-07-9562		17. INFORMANT Mrs Philip Datillo St. Joseph, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Signed as an unattended death DUE TO (c) in the city of St. Joseph, Mo			INTERVAL BETWEEN ONSET AND DEATH unk.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I examined the deceased from 12-18-57 to _____ and last saw him alive on _____
Death occurred at 9:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard L. Maguire M.D. assistant city health officer	22b. ADDRESS Phys & Surg Bldg 216	22c. DATE SIGNED 12-18-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 21, 57	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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24. FUNERAL DIRECTOR Herman W. Sidenfaden	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Dec. 23, 1957	26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
S. 300
v. 1-56
3
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Securing the medical certification in the specific manner required by T93.140 MoRS 1949.

Dr Maginn

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.....
Robert H. Gagliardi

Licensed Embalmer No. 330

P. O. Address *St. Joseph*

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.