

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029649

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3922

FILED AUG 25 1961

|   |   |   |  |  |  |  |
|---|---|---|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                           |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Kansas City</b>  |   | Length of stay in 1b<br><b>65 yrs.</b>  | c. CITY OR TOWN <b>Kansas City</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>101 Memorial Dr.</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>           |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Joseph</b> Middle <b>A.</b> Last <b>SPALLO</b>  |   |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>5</b> Year <b>61</b>  |  |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>7/5/1896</b>  | 9. AGE (last birthday)<br><b>65</b>                | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____                    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Self Employed</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Investments</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Kans. City Mo. &amp;</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>                                       |  |
| 13a. FATHER'S NAME<br><b>Augusteno Spallo</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Fillippa Ragona</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Susan Spallo</b> |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes Navy World War I</b>   |   |   | 17. INFORMANT<br><b>Dr. August V. Spallo Parkville, Mo</b>   |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>acute myocardial infarction</b>  |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 days</b>                                   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   |  |  |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |   |   |  |  |  |  |
| 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 attended the deceased from <b>July 26, 1961</b> to <b>Aug 5, 1961</b> and last saw him alive on <b>Aug 5, 1961</b><br>Death occurred at <b>1035 b</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |  |  |  |
| 22a. SIGNATURE <b>F. A. Pileggi</b> (Degree or title)<br><b>F. A. Pileggi M.D.</b>  |   |   | 22b. ADDRESS<br><b>1806 Swift NKC 16, Mo</b>   |  | 22c. DATE SIGNED<br><b>8-5-61</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>8/8/61</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. St. Marys Cemetery</b>   | 23d. LOCATION (City, town, or county)<br><b>Kansas City Mo.</b>  |  |  |  |
| 24. FUNERAL DIRECTOR<br><b>Peter B. Labetina 538 Campbell</b>   |   | ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><b>8-7-61</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>      |  |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Jack F. Moore

Licensed Embalmer No. 4729

P. O. Address Kansas City

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.