

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-044711

6269

STATE FILE NUMBER

AMENDED

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

FILED IN JAN 8 1962	
1. PLACE OF DEATH	
a. COUNTY Jackson	b. COUNTY Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Length of stay in 1b 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital	d. STREET ADDRESS (If outside, give location) Richmond
3. NAME OF DECEASED	
First Frank	Middle (Nick)
Last Girardi	
4. DATE OF DEATH December 13 1961	
5. SEX Male	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 24, 1906
9. AGE (last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator	
10b. KIND OF BUSINESS OR INDUSTRY Retail Bar	
11. BIRTHPLACE (City and state or country) Lexington, Mo	
12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Nick Girardi	13b. MOTHER'S MAIDEN NAME Angeline Gilardi
14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
17. INFORMANT Address Mrs. Sadie Tonetti Lexington, 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 Arteriosclerotic Heart Disease	INTERVAL BETWEEN ONSET AND DEATH 30 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) _____	
DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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 Hour _____ a.m. _____ p.m. 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 June 16, 1961 to 12/13/61 ; and last saw ^{her} _(him) alive on 12-12-61 Death occurred at 4:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Martin J. Mueller MD	22b. ADDRESS 535 Angulo Bldg RCVPO
22c. DATE SIGNED 12-14-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/15/61
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23d. LOCATION (City, town, or county) (State) Lexington, Mo.	
24. FUNERAL DIRECTOR Vaughn-Walker	25. DATE RECD. BY LOCAL REG. 12-14-61
26. REGISTRAR'S SIGNATURE Ruth Long	

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Martin J. Mueller

7051 0 1 NVC SA

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

Harold L. Walker

Licensed Embalmer No.

1588

P. O. Address

Leighton, N

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.