

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001878

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1.0.02 Registrar's No. 429

STATE FILE NUMBER

AMENDED

FILED FEB 13 1962

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 40 years	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1109 E. 11TH		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANTONIO Middle METZINE Last METZINE			4. DATE OF DEATH Month JANUARY Day 22 Year 1962		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-15-94	9. AGE (last birthday) 67	IF UNDER 1 YEAR IF UNDER 24 HR Months 5 Days 7 Hours 7 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Terrazzo Worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Monopoly, Italy	12. CITIZEN OF WHAT COUNTRY US.A.	
13a. FATHER'S NAME Vito Metzine		13b. MOTHER'S MAIDEN NAME Mary Bertetta		14. NAME OF HUSBAND OR WIFE Rosa Metzine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address VA HOSPITAL OFFICAL RECORDS, K. C. MO.		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THROMBOSIS RIGHT INTERNAL CAROTID ARTERY					INTERVAL BETWEEN ONSET AND DEATH
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) CIRRHOSIS OF LIVER, ADVANCED				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 3:58 p. Month, Day, Year 1-14-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION VA Hospital	COUNTY Ray STATE Missouri
21. I attended the deceased from 1-14-62 to 1-22-62 Death occurred at 3:58 p. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE A J Ashmon (Degree or title) M.D.			22b. ADDRESS VA Hospital, K. C. Mo.		22c. DATE SIGNED 1-22-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-22-1962	23c. NAME OF CEMETERY OR CREMATORY Hardin Cemetery	23d. LOCATION (City, town, or county) Ray County	23e. STATE Missouri	
24. FUNERAL DIRECTOR Thomas J. Carter, Richmond, Mo.		ADDRESS [REDACTED]	25. DATE RECD. BY LOCAL REG. 1-24-62	26. REGISTRAR'S SIGNATURE Ruth Long	

VS FEB 14 1962

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 Thomas G. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Mo.

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.