S. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15826
Registrar's No. 2151

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 117 North Gladstone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 117 North Gladstone

3. NAME OF DECEASED (Type or Print)
a. (First): Nell
b. (Middle):
c. (Last): Defeo

4. DATE OF DEATH (Month) (Day) (Year): 5 16 1949

5. SEX: female
6. COLOR OR RACE: Italian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~married~~ widowed
8. DATE OF BIRTH: 3 - 28 - 1881
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months ~~3~~ Days ~~18~~
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Province Avalina, Italy
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ralph Sarno
13b. MOTHER'S MAIDEN NAME: Giovanna Sarno
14. NAME OF HUSBAND OR WIFE: Alphonso Defeo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mary Defeo, 117 North Gladstone

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Esophagus — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive vascular disease — 10 years
DUE TO (c) Bronchopneumonia — 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 150X

19a. DATE OF OPERATION: 3-31-49
19b. MAJOR FINDINGS OF OPERATION: Esophagoscopy → Carcinoma of the esophagus
20. AUTOPSY? YES ☐ NO ☑

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 26, 1949, *to* May 16, 1949, *that I last saw the deceased alive on* May 15, 1949, *and that death occurred at* 1:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Blaine Z. Hibbard (Degree or title): Blaine Z Hibbard MD (M)
23b. ADDRESS: 411 Alameda Rd - KCMO
23c. DATE SIGNED: May 16, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5-18-49
24c. NAME OF CEMETERY OR CREMATORY: Mt. St. Marys
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 5-17-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Peter B. Lapetina, 538 Campbell

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Duane B. Layton

Licensed Embalmer No. 4273

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.