

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 16702
 2102

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City MO 9</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3614 Indep. Ave.</u>			d. STREET ADDRESS (If rural, give location) <u>3614 Indep. Ave. 3010</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>THERESA</u> b. (Middle) <u>Calia</u> c. (Last) <u>DiPaola</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 6 50</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Dec 3-1875</u>		9. AGE (In years last birthday) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Italy 5</u>		12. CITIZEN OF WHAT COUNTRY? <u>--</u>
13a. FATHER'S NAME <u>Michael Calia</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Concada</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles DiPaola 0513 Euclid</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA, LOBAR</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS ¹ Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>48</u> , to <u>MAY 5</u> , 19 <u>50</u> that I last saw the deceased alive on <u>MAY 5</u> , 19 <u>50</u> , and that death occurred at <u>6:45</u> Am., from the causes and on the date stated above.					
23a. SIGNATURE <u>Edward P. Altomare</u> (Degree or title)			23b. ADDRESS <u>1030 E. Pacific KCMO</u>		23c. DATE SIGNED <u>5-6-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Marys</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>		
DATE REC'D BY LOCAL REG. <u>5-7-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Passantino Bros. H.C. MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. S. Walton

Signed.....
Student Embalmer

Licensed Embalmer No. *2744*

P. O. Address *D. C. MD*

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