

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1059

234

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>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>OVER 40 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>417 So Ashwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northeast Osteopathic</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1-15-51</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Giovanna</u>		b. (Middle) <u>D.O.H</u>		c. (Last) <u>Chiado</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>12-24-76</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ragusa, Italy</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Bellassia</u>		13b. MOTHER'S MAIDEN NAME <u>Giovanna</u>		14. NAME OF HUSBAND OR WIFE <u>Sam Chiado</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Herbert Hall Mountain, 321 Garfield</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>Cerebral apoplexy</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute dilatation of heart</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardio-vascular renal syndrome</u>					
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		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 <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>Aug 1950</u> to <u>Jan 15, 1951</u> , that I last saw the deceased alive on <u>Jan 1, 1951</u> and that death occurred at <u>7:38 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Print) <u>Sam Thompson</u>		23b. ADDRESS <u>3800 E. 27th</u>		23c. DATE SIGNED <u>Jan 15, 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEM</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-17-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBBETO'S</u>		ADDRESS <u>CITY</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 \_\_\_\_\_ ✓

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Roy E Snow*

Licensed Embalmer No. 2560

P. O. Address K 6 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 this body is not embalmed, fact should be so stated above.