

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20306

State File No.

FILED JUN 30 1951

2635

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2635</u>		
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 OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>906 E MO AVE</u>				d. STREET ADDRESS (If rural, give location) <u>906 E MO AVE</u> <u>3035</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>VINCENZO</u>			b. (Middle) <u>PALMESANO</u>			c. (Last) <u>PALMESANO</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>18</u> <u>51</u>		5. SEX <u>M O</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>W 2</u>		
8. DATE OF BIRTH <u>10-11-69</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days		IF UNDER 100 Hrs. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTAURANTIER (RET)</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ITALY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>FILIPPO PALMESANO</u>			13b. MOTHER'S MAIDEN NAME <u>MARIA ANTONIA CIRO</u>			14. NAME OF HUSBAND OR WIFE <u>ANTONIA (DEC)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS MYRVIN GUNSAULIS</u> ADDRESS <u>K.C. MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of Right Lung 4 mos</u> DUE TO (c) <u>with metastasis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Generalized Arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>30 MIN</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1028</u>					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) 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>9-21-</u> , <u>1946</u> to <u>6-18-</u> , <u>1951</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>6-17-</u> , <u>1951</u> , and that death occurred at <u>4:30 AM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Thos. C. Mc Hale</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>4620 S. Independence Ave K.C. Mo</u>		23c. DATE SIGNED <u>6-19-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT ST MARY'S</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. MO.</u>		
DATE REC'D BY LOCAL REG <u>6-21-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBBETO'S</u>		ADDRESS <u>CITY</u>		

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

*The body
#229*

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.....
Student Embalmer

Signed *Forrest D. Goldsnow*

Licensed Embalmer No. *4714*

P. O. Address *K.C. 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.