

FILED JAN 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH41799  
State File No. 5682

BIRTH NO. _____		REG. DIST. NO. <u>148</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>40 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		3558	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2210 East 37th Street</b>			
3. NAME OF DECEASED (Type or Print) <b>IRENE</b>		a. (First) <b>A.</b>		b. (Middle) <b>ROSELLI</b>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 28, 1951</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>8-30-1912</b>		9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS' OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Doniphan, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Brock</b>		13b. MOTHER'S MAIDEN NAME <b>Alice</b>		14. NAME OF HUSBAND OR WIFE <b>James A. Roselli</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. James A. Roselli, 2210 E. 37th St., KC Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intracerebellum Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congenital aneurysm</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Myocardial Infarct right atrium</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>  <b>75 1/2</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>12-28, 1951</u> , to <u>12-28, 1951</u> , that I last saw the deceased alive on <u>12-28, 1951</u> , and that death occurred at <u>3:40 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John A. Greaves</b> (Degree or title) <b>John A. Greaves, D.O.V.</b>				23b. ADDRESS <b>3447 Prospect</b>		23c. DATE SIGNED <b>12-29-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/2/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City MO.</b>	
DATE REC'D BY LOCAL REG. <b>12-31-51</b>		REGISTRAR'S SIGNATURE <b>Deraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE, Kansas City, Missouri</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. John A. Breanus  
2447 Prospect  
Li. 2424

11:00 b.m. Sat.

2000 6 15 55

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 *J. Allen*

Licensed Embalmer No. *1415-*

P. O. Address *130 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.