V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1952

State File No. 304

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 113

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

**1. PLACE OF DEATH**
a. COUNTY: Buchanan 0117
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 65 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 841 So. 20th St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 841 So. 20th St. D

**3. NAME OF DECEASED** (Type or Print)
a. (First): Costenzio
b. (Middle):
c. (Last): Romano

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 25, 1952

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: April 5, 1879
**9. AGE** (In years last birthday): 72 — 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): Retired Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: Packing Industry
**11. BIRTHPLACE** (State or foreign country): Lacara, Italy
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Joseph Romano
**13b. MOTHER'S MAIDEN NAME**: Conchita Labua
**14. NAME OF HUSBAND OR WIFE**: Mary Romano

**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.**: 487-05-0945
**17. INFORMANT'S SIGNATURE OR NAME**: Mary Romano — ADDRESS: 841 So. 20th

**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): Cerebral Hemorrhage - Left (Rx. Hemiplegia
ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arterial Hypertension
DUE TO (c):

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

INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 331X
**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* Jan 23, 1952, *to* Jan 25, 1952, *that I last saw the deceased alive on* Jan 24, 1952, *and that death occurred at* 6 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): J. J. Thiarottino D Mo
**23b. ADDRESS**: Doctors Bldg.
**23c. DATE SIGNED**: 1-26-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 1-28-52
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Olivet
**24d. LOCATION** (City, town, or county) (State): St. Joseph, Mo.

**DATE REC'D BY LOCAL REG.**: Jan 30, 1952
**REGISTRAR'S SIGNATURE**: Carl C. Castro 446
**25. FUNERAL DIRECTOR'S SIGNATURE**: Herman W. Sodenfaden — ADDRESS: 1802 Union St

(Licensed Embalmer's Statement on Reverse Side)

FEB 11 1953

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.