

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28184**
3683

FILED AUG 30 1952 REG. DIST. NO. **449** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson 317	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 0	
c. LENGTH OF STAY (in this place) 45 yrs.		d. STREET ADDRESS (If rural, give location) 639 Benton 18	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Maria b. (Middle) Mature c. (Last) Mature			4. DATE OF DEATH (Month) (Day) (Year) 8 16 52		
5. SEX Fe./	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-1-1877	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Italy 5	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Vincent Tamburino		13b. MOTHER'S MAIDEN NAME Anna Tamburino		14. NAME OF HUSBAND OR WIFE Vincent Mature	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. V. P. Dastai 215 E. 74 St. KCMO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION Carcinoma liver <i>n.m.o.</i>		INTERVAL BETWEEN ONSET AND DEATH 1561.
I. DISEASE OR CONDITION* DIRECTLY LEADING TO DEATH* (a) Carcinoma liver		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Natural		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. 8		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 **8-4, 1952**, to **8-16, 1952**, that I last saw the deceased alive on **8-16, 1952**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. H. Owens (Degree or title)		23b. ADDRESS 1034 Quaker Bldg		23c. DATE SIGNED 8-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-19-52		24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, or county) Kansas City		24e. (State) MO.			
DATE REC'D BY LOCAL REG. 8-18-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mellody-McGilley-Eylar KCMO.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Owens

Matturo

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 *Gen E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *A. 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.