

FILED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4277

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4277

1. PLACE OF DEATH
 a. COUNTY **JACKSON**
 b. CITY (If outside corporate limits, write RURAL and give town) **KANSAS CITY**
 c. LENGTH OF STAY (in this place) **16 yrs**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **730 N PROSPECT**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **MISSOURI** b. COUNTY **JACKSON**
 c. CITY (If outside corporate limits, write RURAL and give township) **KANSAS CITY**
 d. STREET ADDRESS (If rural, give location) **730 N. PROSPECT 3040**

3. NAME OF DECEASED
 a. (First) **JOSEPHINE** b. (Middle) **R** c. (Last) **ROMERO**
 4. DATE OF DEATH (Month) (Day) (Year) **SEPT 29 52**

5. SEX **5** 6. COLOR OR RACE **FEMALE WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **MARCH 19-1876** 9. AGE (In years last birthday) **76** 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) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **MEXICO 3** 12. CITIZEN OF WHAT COUNTRY? **MEXICO**

13a. FATHER'S NAME **FRAZSCIO PARTELLO** 13b. MOTHER'S MAIDEN NAME **NO RECORD** 14. NAME OF HUSBAND OR WIFE **ROMERO AMADO RENEZO**

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. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **Max A. DeMonty** ADDRESS **K.C. Mo**

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Congestive Heart Failure**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Chronic Cholecystitis**
 DUE TO (c) **Pyelitis**
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
calculatory insufficiency
anasarca

INTERVAL BETWEEN ONSET AND DEATH
3 mo.
3 yrs.
2 weeks
10 days
3 mo.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **585K** 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) _____ 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 **Nov. 15, 1951**, to **Sept 29, 1952**, that I last saw the deceased alive on **Sept. 27, 1952**, and that death occurred at **3:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **G. W. Springer** (Degree or title) **D.O.** 23b. ADDRESS **5902 St. John Ave Kansas City, Mo.** 23c. DATE SIGNED **9-30-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **Oct 2, 52** 24c. NAME OF CEMETERY OR CREMATORY **St Marys** 24d. LOCATION (City, town, or county) (State) **KANSAS CITY MO**

DATE REC'D BY LOCAL REG. **9-30-52** REGISTRAR'S SIGNATURE **Deraldine Holmer** 25. FUNERAL DIRECTOR'S SIGNATURE **J. P. Phil** ADDRESS **J-C-MO**

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Heringer
5902 St. Agnes*

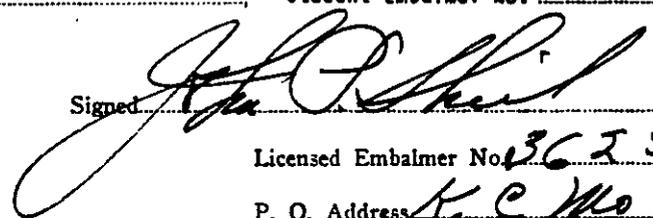
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. *3635*

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.