

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **38571**  
**4922**

FILED NOV 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>32 YRS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>511 PARK AVENUE</b>		d. STREET ADDRESS (If rural, give location) <b>511 PARK AVENUE</b>	

3. NAME OF DECEASED (Type or Print) <b>JOSIE CALABRESE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 9-1952</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Nov. 12-1896</b>	9. AGE (In years last birthday) <b>55</b>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ITALY</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>CARMELO MISERENDINO</b>		13b. MOTHER'S MAIDEN NAME <b>DANSIANA BENVENEMI</b>		14. NAME OF HUSBAND OR WIFE <b>PETE CALABRESE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MR. PETE CALABRESE-511 PARK AVE</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Softening from thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 Mo</b> <b>6 Mo</b> <b>260X</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Diabetes Mellitus</b>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>9/9/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Some defect over left lateral ventricle</b>		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) <b>10-5-</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 **July 16, 1952**, to **Sept 27, 1952**, that I last saw the deceased alive on **Oct 5, 1952**, and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>William G. Quinn M.D.</b>		23b. ADDRESS <b>215 Argyle Bldg.</b>		23c. DATE SIGNED <b>11/11/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Nov-11-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ELMWOOD CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY - MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer's Sons</b> ADDRESS <b>1331 BRADLEY CREEK Kansas City, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>11-11-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>			

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

1:00-5:66

324772

**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 Robert E. Herron

Licensed Embalmer No. 4849

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.