

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38657

State File No. 5019

FILED DEC 6 1952

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (If in this place) <u>10 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3831 E 9th St Ten</u>		d. STREET ADDRESS (If rural, give location) <u>3831 E 9th St Ten</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MIKE</u> b. (Middle) <u>FERRARA</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>11-15-52</u>
--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>Wk</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 14, 1905</u>	9. AGE (In years last birthday) <u>47</u>	10. UNDER 1 YEAR Months	11. UNDER 2 Hrs. Hours	12. UNDER 2 Mins. Mins.
-----------------	----------------------------	---	---------------------------------------	---	-------------------------	------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Store</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	-----------------------------------	---	---

13a. FATHER'S NAME <u>Domenico Ferrara</u>	13b. MOTHER'S MARDEN NAME <u>Angeline Salerno</u>	13c. NAME OF HUSBAND OR WIFE <u>Pearl Ferrara</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Ferrara</u>	17. ADDRESS <u>3831 E 9th St Ten</u>
---	-------------------------------------	--	--------------------------------------

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) <u>BOHEMIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11/4/52</u> <u>Sept 1-52</u> <u>1951</u>
	ANTECEDENT CAUSES <u>malignant melanoma of supra-renal glands</u> DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	19b. MAJOR FINDINGS OF OPERATION	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)
--	--	---

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 Sept 1-, 1952, to Nov 15, 1952, that I last saw the deceased alive on Nov 15, 1952, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. M. A. Saladino</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>1040 21st St</u>	23c. DATE SIGNED <u>11/17-52</u>
---	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>11-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
--	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>11-17-52</u>	REGISTRAR'S SIGNATURE <u>Seraldino Smith</u>	5. GENERAL DIRECTOR'S SIGNATURE <u>Vassantino Bus</u>	ADDRESS <u>KC Mo</u>
--	--	---	----------------------

(Licensed Embalmer's Statement on Reverse Side)

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

*min 0-2-86*

**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

*Leonard Passantino*

Licensed Embalmer No. 4554

P. O. Address Ke 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.