

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38663**
5061

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived) If institution: (Indicate before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>203 Park</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>203 Park</u>				d. STREET ADDRESS (If rural, give location) <u>203 Park</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ROSARIO</u>		b. (Middle) <u>(FORTI)</u>		c. (Last) <u>FORTE</u>	
4. DATE OF DEATH		(Month) <u>11</u>		(Day) <u>18</u>		(Year) <u>52</u>	
5. SEX <u>M</u>		6. COLOR OF RACE <u>Wh.</u>		7. MARRIED, NEVER MARRIED, <u>Married</u> DOWLED, DIVORCED (Specify)		8. DATE OF BIRTH <u>3-14-1877</u>	
9. AGE (In years last birthday) <u>75</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 100 Hrs. Hours _____ Mts. _____		9. AGE (In years last birthday) <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>See man</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Rosario Forte</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa</u>		14. NAME OF HUSBAND OR WIFE <u>Brace Forte</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas Forte</u>		ADDRESS <u>1825 Brownell</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES <u>& Toxic Myocarditis</u> DUE TO (b) <u>10/2/52</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u> <u>1951</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10/2/52</u> <u>1951</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>431X</u>				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) m.		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 <u>5/14/52</u> to <u>Nov 18, 1952</u> , that I last saw the deceased alive on <u>10/16</u> , 19 <u>52</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Lyle G. Williams</u> (Degree or title)				23b. ADDRESS <u>1103 Grand Ave</u>		23c. DATE SIGNED <u>11/19/52</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>11-21-52</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>MT Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>	
DATE REC'D BY LOCAL REG. <u>11-19-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas W. Bass</u>		ADDRESS <u>KC-110</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DW Whellett (Lyle)
1515 Professional
Apt 1 Rm.
Ni 1919

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 C. Passantino*

Licensed Embalmer No. *4554*

P. O. Address *KC 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.