

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14358**
2182

FILED MAY 13 1953

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. LENGTH OF STAY (In this place) 50 YRS		e. STREET ADDRESS (If rural, give location) 503 S. ELMWOOD 3078			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1					
3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) (ALBERTINA) c. (Last) Marrone		4. DATE OF DEATH (Month) 4 (Day) 24 (Year) 53			
5. SEX F	6. COLOR OR RACE WH	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12-15-1864	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) ITALY	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Louis Rossi		13b. MOTHER'S MAIDEN NAME PIEMENTINA DELFANTI		14. NAME OF HUSBAND OR WIFE BALDASARDO MARRONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MARY DOLCE ADDRESS 503 S. ELMWOOD	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dehydration and malnutrition			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute parotitis & mumps			081X
		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 April 13, 1953, to April 24, 1953, that I last saw the deceased alive on April 24, 1953, and that death occurred at 10:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) DMD		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 4-24-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-27-1953		24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEM	
		24d. LOCATION (City, town, or county) KANSAS CITY		(State) Mo	

DATE REC'D BY LOCAL REG. 4-25-53		REGISTRAR'S SIGNATURE Thereldine Smith		F. FUNERAL DIRECTOR'S SIGNATURE PASSANTINO Bros ADDRESS Ke-Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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D...

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.....
Signature of Student Embalmer

Signed *Leonard C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.