S. No. 300
EV. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35816

FILED OCT 23 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4725

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 1920
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson 3038
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 0
e. STREET ADDRESS (If rural, give location): 910 E. 5th

3. NAME OF DECEASED (Type or Print)
a. (First): ~~Nanaita~~ Nanina
b. (Middle): Anna
c. (Last): Costanzo

4. DATE OF DEATH (Month) (Day) (Year): 9 - 29 - 1953

5. SEX: F 1

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2

8. DATE OF BIRTH: 1882

9. AGE (In years last birthday): 71
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): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Italy 5

12. CITIZEN OF WHAT COUNTRY?: Italy

13a. FATHER'S NAME: Antonino Matranga

13b. MOTHER'S MAIDEN NAME: Rosalia Unk'

14. NAME OF HUSBAND OR WIFE: Salvadore Costanzo

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: Teresa Carrolla
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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia - Fractured hip (2 days) — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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.* Fall in home while mopping — E9050 20

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 123

20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home

21c. (CITY, TOWN, OR TOWNSHIP): Kansas City (COUNTY): Jackson (STATE): Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-18-53 m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Fell while mopping

22. *I hereby certify that I attended the deceased from* 9 - 18, *19* 53, *to* 9 - 29, *19* 53, *that I last saw the deceased alive on* 9 - 29, *19* 53, *and that death occurred at* 3:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE: B.I. Burns (Degree or title) 0
B.I. Burns, M.D.

23b. ADDRESS: General Hospital No. 1

23c. DATE SIGNED: 9-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/1/53

24c. NAME OF CEMETERY OR CREMATORY: Mt. St Mary's Cemetery

24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 10-1-53

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE: Sebbeto Funeral Home
ADDRESS: K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Forrest D Coldsnow

Licensed Embalmer No. 471

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.