

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36819

State File No.

FILED NOV 12 1953

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6968</u>		Registrar's No. <u>84</u>			
1. PLACE OF DEATH a. COUNTY <u>PLATTE</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>Boonville</u>		c. LENGTH OF STAY (in this place) <u>-</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		3168			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 MI. S. OF PLATTE CITY ON 71</u>				d. STREET ADDRESS (If rural, give location) <u>2632E 6TH ST</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u>		b. (Middle) <u>JOSEPH</u>		c. (Last) <u>FERRARA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-4-53</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>WH.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>11-3-1933</u>			
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AIRPORT EMP</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>BEN FERRARA</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE MALAPONTE</u>		14. NAME OF HUSBAND OR WIFE _____		
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>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BEN FERRARA</u>		ADDRESS <u>KE MO</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CRUSHED CHEST & INTERNAL INJURIES</u>				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. <u>AUTO COLLISION</u>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) <u>HIGHWAY</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>PLATTE</u> (STATE) <u>MO.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 4, 1953 8:35 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:35 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Roland M. Kuffel, Coroner</u>				23b. ADDRESS <u>Platte City, Mo.</u>		23c. DATE SIGNED <u>11-6-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-4-1953</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>MT. OLIVET CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>			
DATE REC'D BY LOCAL REG. <u>11-6-1953</u>		REGISTRAR'S SIGNATURE <u>Alpha Ballin</u>		FUNERAL DIRECTOR'S SIGNATURE <u>PASSANTINO BROS</u>		ADDRESS <u>KE MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 16 1953

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 *J. 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 the above constitutes grounds for revocation of license.)

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