

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4733**  
Registrar's No. **358**

BIRTH FILED **FEB 18 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1602**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give name of township) <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>73 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2911 E 12th St</b>		e. STREET ADDRESS (If rural, give location) <b>2911 E 12th St 324B</b>	

3. NAME OF DECEASED (Type or Print) <b>ANTONINA BONANNO</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-21-1954</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>3-29-1900</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ITALY</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>ANTHONY PACE</b>		13b. MOTHER'S MAIDEN NAME <b>ANTONINA DI MAGGIO</b>		14. NAME OF HUSBAND OR WIFE <b>JACK BONANNO</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>UNK</b>		17. INFORMANT'S SIGNATURE OR NAME <b>SAVATORE BONANNO</b>	
				ADDRESS <b>KC MO</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive acute infarction unknown cause haemorrhage.</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>578X</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Conductive Hearing Failure.</b>		
	DUE TO (c) <b>Hypertensive Heart Disease.</b>		
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) 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 **Oct**, 19**47**, to **Jan 21**, 19**54**, that I last saw the deceased alive on **Jan 21**, 19**54**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Paul A. Johnson</b> (Degree or title) <b>9M.D.</b>		23b. ADDRESS <b>5111 Euclid Ave. K.C. MO</b>	23c. DATE SIGNED <b>1/22/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-25-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. MARY'S CEM</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO</b>
DATE REC'D BY LOCAL REG. <b>1-23-54</b>	REGISTRAR'S SIGNATURE <b>Heraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>PASSANTINO BROS</b> ADDRESS <b>KC MO</b>	

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

Dr. PAUL JOHNSON  
5111 Independence  
Be 7943

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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.....  
*A. Parentino*

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.