

STANDARD CERTIFICATE OF DEATH

4953

State File No.

FILED MAR 15 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 614

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY

c. CITY OR TOWN KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes A No 0

c. LENGTH OF STAY (in this place) 32 yrs

d. STREET ADDRESS (If rural, give location) RECEIVING WARD GENERAL HOSP # 913 E 5th ST.

3. NAME OF DECEASED
a. (First) FILomenA b. (Middle) (ABBOLLITO) c. (Last) MARSALLA

4. DATE OF DEATH (Month) (Day) (Year) 2-8-1955

5. SEX F

6. COLOR OR RACE WH

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH Aug 29, 1886

9. AGE (In years last birthday) Months Days If UNDER 1 Year If UNDER 24 Hrs. Min. 68

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) HOUSEWIFE

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 JOSEPH ABBOLLITO

13b. MOTHER'S MAIDEN NAME Mary Francis POLITO

14. NAME OF HUSBAND OR WIFE JOSEPH MARSALLA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS PETER S MARSALLA 2203 LEXINGTON

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease
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.
Long History Heart Trouble

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION
Past Refused

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)? _____

23b. ADDRESS 1034 Right Bldg

23c. DATE SIGNED 2-8-55

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

24b. DATE 2-11-55

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. 2-10-55

REGISTRAR'S SIGNATURE Meva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TASSANTINO Bros KC MO

ADDRESS _____

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

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. *455*

P. O. Address *Ke m*

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.