

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4987

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 406

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</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"/>
c. LENGTH OF STAY (in this place) <b>52 YEARS</b>		STREET ADDRESS (If rural, give location) <b>4124 TROOST AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RESEARCH HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) <b>JEANNE</b>		c. (Last) <b>NAPLES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN - 26 - 1955</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Aug. 28, 1902</b>		9. AGE (In years last birthday) <b>52</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY, MISSOURI</b>	
13a. FATHER'S NAME <b>JOHN DiSALVO</b>		13b. MOTHER'S MAIDEN NAME <b>CLARA DEGRADO</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN NAPLES</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-24-9906</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JOHN NAPLES</b> ADDRESS <b>4124 TROOST AVE. KANSAS CITY 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1/26-55</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE <b>Sept 18-54</b>	
		DUE TO (b) <b>coronary disease</b>			
		DUE TO (c) <b>aortic regurgitation</b>		<b>Sept 18-54</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 <b>4201</b>		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 **Sept 18, 1954** to **1-26, 1955**, that I last saw the deceased alive on **1-26, 1955**, and that death occurred at **5:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. Saladeo, M.D.</b> (Degree or title)	23b. ADDRESS <b>1040 Argyle Bldg</b>	23c. DATE SIGNED <b>1-28-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 29, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ELMWOOD CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>1-28-55</b>	REGISTRAR'S SIGNATURE <b>New Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMER'S SONS</b> ADDRESS <b>1331 BRUSH CREEK BLVD K.C. MO.</b>	

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

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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 *James T. Decker*

Licensed Embalmer No. *445*

P. O. Address *Hannover*

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.