

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 757

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</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 county) <u>Kansas City</u>		c. CITY (If rural, give location) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) _____		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewellen Nurs Home</u>	
d. FULL NAME OF STREET ADDRESS (If rural, give location) _____		STREET ADDRESS <u>623 Euclid</u> 3178	
3. NAME OF DECEASED a. (First) <u>Noxio</u> b. (Middle) <u>PALESTINIO</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>3-25-1880</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min _____
10. USUAL OCCUPATION (Give kind of work and place of working if not in factory) <u> Railroad Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H. Freedom</u> ADDRESS <u>KC, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with metastases</u> DUE TO (c) <u>Generalized arteriosclerosis</u> 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 type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>3 years</u> <u>6 years</u> <u>177X</u>	
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 <u>10-26-54</u> , 19 <u>54</u> , to <u>2-14-55</u> , that I last saw the deceased alive on <u>2-14-55</u> , and that death occurred at <u>10:04 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank Paul Laurentz</u> (Degree or title) _____		23b. ADDRESS <u>428 South White Ave</u>	
23c. DATE SIGNED <u>2-14-55</u>		24a. BURIAL, REMAINTAINMENT, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-19-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>	
24d. LOCATION (City, town, or county) <u>Kansas City, Mo</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>2-18-55</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Carroll Brown</u>		ADDRESS <u>KC, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Frank Paul Laurentz

FILED MAR 15 1955

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.....  
*Ronald Cassentino*

Licensed Embalmer No. *453*  
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.