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FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5130

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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>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>1904</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	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 <u>MENORAH HOSP</u>		f. STREET ADDRESS (If rural, give location) <u>513 HARRISON 3038</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SALVATORE</u> b. (Middle) _____ c. (Last) <u>TANTILLO</u>			4. DATE OF DEATH (Month) <u>2</u> (Day) <u>7</u> (Year) <u>55</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV 1 1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MFG.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ITALY 5</u>	12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>	

13a. FATHER'S NAME <u>MICHAELE TANTILLO</u>	13b. MOTHER'S MAIDEN NAME <u>FILIPPA UNK</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA TANTILLO</u>
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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>486-05-3481A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ANNA TANTILLO</u> ADDRESS <u>513 HARRISON</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lower nephron nephroses</u> DUE TO (c) <u>Prostatic resection</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 checked="" type="checkbox"/>
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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) (Min.)	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 Jan. 30, 1955, to Feb. 7, 1955, that I last saw the deceased alive on Feb. 7, 1955 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry K. Cohen M.D.</u>	23b. ADDRESS <u>318 Ogden Bldg</u>	23c. DATE SIGNED <u>2-9-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-10-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT ST MARYS</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>
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DATE REC'D BY LOCAL REG. <u>2-9-55</u>	REGISTRAR'S SIGNATURE <u>Neval Minalall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBETO'S</u> ADDRESS <u>K.C. MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Harry K. Cohen

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,, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Forrest D. Coldenow*.....

Licensed Embalmer No. *4719*

P. O. Address *Kann City*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.