

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12013

1800

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1800			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI				b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 56 yrs		c. CITY OR TOWN KANSAS CITY		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 MENORAH				No. STREET ADDRESS 5636 TROOST					
3. NAME OF DECEASED (Type or Print) TRAPHAELLA			a. (First)		b. (Middle) LEMMON		c. (Last)		
4. DATE OF DEATH		4		20		55			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH 6-7-1898		9. AGE (In years last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY GROCERY		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME ANTONIO SANTORO			13b. MOTHER'S MAIDEN NAME FILOMENA DE FEO			14. NAME OF HUSBAND OR WIFE HUGH LEMMON			
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. 493-26-2913		17. INFORMANT'S SIGNATURE OR NAME TONY SANTORO		ADDRESS 536 HARRISON			
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) Gastrointestinal Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of liver					
				DUE TO (c) Subendocardial hemorrhages, heart pulmonary edema				5810	
				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 checked="" type="checkbox"/> NO <input 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 2-2-54 ⁵⁵ 19, to 4-20-55, 1955 that I last saw the deceased alive on 4-20-55, 1955, and that death occurred at 12:47 p.m. from the causes and on the date stated above.									
23a. SIGNATURE J.A. Nigro				(Degree or title) D MID		23b. ADDRESS 1222 McGee St., K.C., Mo.		23c. DATE SIGNED 4-22-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-23-55		24c. NAME OF CEMETERY OR CREMATORY MT ST MARYS		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO			
DATE REC'D BY LOCAL REG. 4-23-55		REGISTRAR'S SIGNATURE newa minchell		25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S		ADDRESS K.C. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

1077

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, ~~only~~ by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Forest D. Caldwell*.....

Licensed Embalmer No. *471*

P. O. Address *K C Y*.....

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.