

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18876**

FILED JUL 1 - 1955

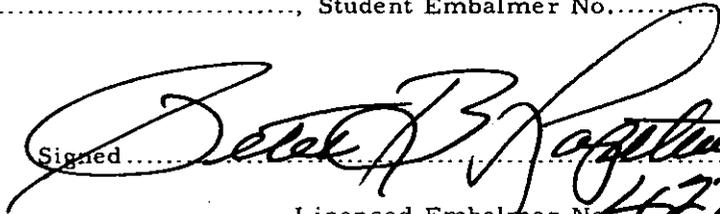
BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 2564	
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived) If institution, residence before admission. a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Manassas City		c. LENGTH OF STAY (in this place) 53 days		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2815 E 9th		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) INNOCENZIA		c. (Last) ORLANDO		4. DATE OF DEATH (Month) (Day) (Year) 6-12-55	
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCE (Specify) married	8. DATE OF BIRTH 5-26-1887	9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Campanole Italy		
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Luigio Daleo			
13b. MOTHER'S MAIDEN NAME Lucenza Daleo		14. NAME OF HUSBAND OR WIFE Giacomo Orlando			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Giacomo Orlando		
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) 60xemia ANTECEDENT CAUSES Ca of the uterus 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. 174X		INTERVAL BETWEEN ONSET AND DEATH 6-1-55 11/7/54	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 6-12 (P.M)		
22. I hereby certify that I attended the deceased from 11/7 1954 , to 6-12 1955 , that I last saw the deceased alive on 6/12 1955 , and that death occurred at 12 P m., from the causes and on the date stated above.					
23a. SIGNATURE A. Saladino, M.D.		23b. ADDRESS 10400 Croyle		23c. DATE SIGNED 6/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-15-55	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem	24d. LOCATION (City, town, or county) (State) KC Mo		
DATE REC'D BY LOCAL REG. 6-15-55	REGISTRAR'S SIGNATURE neva minshall	FUNERAL DIRECTOR'S SIGNATURE John B. Napleton		ADDRESS 100 Mo	

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

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.....


Licensed Embalmer No. 47

P. O. Address 1227

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.