

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22062**
2828BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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 township) KANSAS CITY	c. LENGTH OF STAY (In this place) 30943	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 MEMORAH HOSPITAL		a. STREET ADDRESS (If rural, give location) 330 N. ASKEW	

3. NAME OF DECEASED (Type or Print)	a. (First) ANNA	b. (Middle) CIRABISI	c. (Last) CIRABISI	4. DATE OF DEATH (Month) (Day) (Year) 7-2-1955
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5. SEX Fe.	6. COLOR OR RACE WH.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 4/27/1913	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 15 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ITALY 5		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME ANTHONY MOILE	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MARIAN CIRABISI
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MARY COVA	ADDRESS 330 N. ASKEW
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute anemia + Pulm. Edeema + Congestion	INTERVAL BETWEEN ONSET AND DEATH 44hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic hypertensive nephritis	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Mellitus	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **JUNE 18, 1955**, to **JULY 2, 1955**, that I last saw the deceased alive on **JULY 2, 1955**, and that death occurred at **4:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Harold Passman	(Degree or Title)	23b. ADDRESS 701 E 63 ST.	23c. DATE SIGNED 7/3/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-5-1955	24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEM	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO
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DATE REC'D BY LOCAL REG. 7-4-55	REGISTRAR'S SIGNATURE Neve Marshall	FUNERAL DIRECTOR'S SIGNATURE PASSANTINO Bros	ADDRESS KC, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

In Harold Passman
Surv. Memorial Hosp
9:30 AM

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 Leonard Passantino

Licensed Embalmer No. 4

P. O. Address Ke, n

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