

FILED SEP 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26152**  
**3776**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>		
b. CITY OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>40 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>		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 <b>Rescue Hospital</b>			STREET ADDRESS (If rural, give location) <b>819 Wabash 311 1/2</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Antonio</b> b. (Middle) <b>FERRO</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>8-26-1955</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>2/3/1885</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, and if retired) <b>Produce Business</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Campanelle, Italy</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Dominick Ferro</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Anello</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie Ferro</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Steve Ferro</b> ADDRESS <b>819 Wabash</b>		
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio sclerotic heart</b> DUE TO (c) <b>acute sub. Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>8/16-55</b> <b>4/27-55</b> <b>8/16-55</b> <b>4200</b>
18. CAUSE OF DEATH (continued)	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 **8:20** **4/27** **1955** to **8-26**, 1955 that I last saw the deceased alive on **8-26**, 1955, and that death occurred at **12:30 AM** on the causes and on the date stated above.

23a. SIGNATURE <b>V. Saladino, MD</b> (Degree or title)		23b. ADDRESS <b>1040 Oregon Blvd</b>		23c. DATE SIGNED <b>8-27-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>8/29/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>mt Olivet</b>	24d. LOCATION (City, town or county) (State) <b>Kansas City, MO</b>		
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DATE REC'D BY LOCAL REG. <b>8-27-55</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carmentino Bros</b> ADDRESS <b>KE MO</b>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr Saladino*

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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. *45*  
P. O. Address *KC, 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.