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FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16583**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2139

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, institution, residence before institution) a. STATE <u>mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>21 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Hubert Hospital</u>		STREET ADDRESS (If rural, give location) <u>5153 Brookwood 3158</u>	

3. NAME OF DECEASED a. (First) <u>PHILLIP B.</u> (Type or Print)		b. (Middle) <u>SCIMECA JR</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>5-15-56</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="radio"/> NEVER MARRIED <input checked="" type="radio"/> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>3-13-1935</u>	
9. AGE (In years last birthday) <u>21</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Superior owned</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State, or Foreign Country) <u>Kansas City mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Phillip Scimeca</u>		13b. MOTHER'S MAIDEN NAME <u>Antonina Batangas</u>		14. NAME OF HUSBAND OR WIFE	
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Phillip Scimeca</u>	
				ADDRESS <u>KC Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>pseudomembranous enterocolitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity 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. <u>regional enteritis</u>		<u>5720</u>	

19a. DATE OF OPERATION <u>5-10-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>regional enteritis</u>		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)		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 5-10-56, 1956, to 5-15-56, 1956, that I last saw the deceased alive on 5-10-56, 1956 and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Y. Thomas</u>		Degree (title) of _____		23b. ADDRESS <u>315 Hickold Road, K.C. Mo</u>		23c. DATE SIGNED <u>5-18-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-18-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City mo</u>	
DATE REC'D BY LOCAL REG. <u>5-16-56</u>		REGISTRAR'S SIGNATURE <u>neva munsell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pamanturo Bros</u>		ADDRESS <u>KC Mo</u>	

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

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 Passantuno*.....

Licensed Embalmer No. *455*

P. O. Address *KC Mo*

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.