

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

23657
2835

State File No.

FILED JUL 18 1956

BIRTH NO. 45653-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived in institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Jackson</u> Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospi</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>1142 E Mo ave 3030</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANTHONY</u>	b. (Middle) <u>JOSEPH</u>	c. (Last) <u>CONFORTI</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>6 28 56</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u>	8. DATE OF BIRTH <u>June 23 1936</u>	9. AGE (to year last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				<u>20</u>	<u>58</u> Months	<u>58</u> Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	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>U. S.</u>
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13a. FATHER'S NAME <u>NICK CONFORTI</u>	13b. MOTHER'S MAIDEN NAME <u>MARY C MANGIARACINA</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>NICK CONFORTI</u>	ADDRESS <u>1142 E MO AVE</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacteremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infectious Hepatitis</u> DUE TO (c) <u>Peritonitis-hemorrhagic.</u>		
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"/>
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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 6-23, 1956 to 6-28, 1956, that I last saw the deceased alive on 6-28, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph M. Yasso</u> (Degree or title)	23b. ADDRESS <u>509 Kanett Bldg</u>	23c. DATE SIGNED <u>6/28/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-29-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. S. MARY OLIVET</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. MO</u>
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DATE REC'D BY LOCAL REG. <u>6-29-56</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	E. FUNERAL DIRECTOR'S SIGNATURE <u>SEBETO'S</u>	ADDRESS <u>KCMO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

h. aty

-9-562-1-228

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..... *John P. Sidman*

Licensed Embalmer No. *4531*

P. O. Address *Kansas City*

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.