

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26784**
Registrar's No. **3327**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City	c. LENGTH OF STAY (In this place) 45 Yrs.	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: Downtown Hosp. 918 Oak		e. STREET ADDRESS (If rural, give location) 2938 Brighton	3350
3. NAME OF DECEASED (Type or Print) a. (First) Antonio		b. (Middle)	c. (Last) Bellafiore
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	4. DATE OF DEATH (Month) (Day) (Year) July 31 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas Company employee		10b. KIND OF BUSINESS OR INDUSTRY Boiler worker	8. DATE OF BIRTH 1887 Sept. 8, 1888
		11. BIRTHPLACE (City and State or foreign Country) Sicily	9. AGE (In years last birthday) Months Days Hours Min. 68
			12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Bellafiore	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mary Bellafiore (Wife)
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. 489-10-7953	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Bellafiore 2938 Brighton

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, asthenia, 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) Devel failure pulmonary infection		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) peritonitis DUE TO (c) appendiceal abscess		3 day 1 mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			501

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) m.	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 **12-21-1955**, to **7-31-56**, 19____, that I last saw the deceased alive on **7-30-**, 19**56**, and that death occurred at **9 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE J.A. Nigro	(Degree or Title) MD	23b. ADDRESS 1222 McGee St., K.C., Mo.	23c. DATE SIGNED 8-1-56
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 8-4-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) Kansas City Missouri

DATE REC'D BY LOCAL REG. 8-1-56	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Muhlbach Funeral Home 6800 Troost
---	---	--

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 *W. E. Ward*

Licensed Embalmer No. *3991*

P. O. Address *308 E. 68th*

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.