

FILED DEC 13 1956

HEALTH DEPARTMENT OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37881

STATE FILE NUMBER

4988

 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4988

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		186 CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorah Medical Center</u>			Length of stay in 1b <u>50 days</u>	d. STREET ADDRESS <u>2619 E. 8th</u> (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Maggie</u> Middle <u></u> Last <u>BOHARAE</u>				4. DATE OF DEATH <u>Nov. 17, 1956</u> Month <u>Nov.</u> Day <u>17</u> Year <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>7-13-78</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>Italy</u>	
13. FATHER'S NAME <u>Sam Mamola</u>				14. MOTHER'S MAIDEN NAME <u>Calogera Plessia</u>			
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 Address <u>Sam Boharae 730 Hawthorne</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Squamous Cell Ca of Nose</u> DUE TO (b) <u>Generalized Pulmonary metastases</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) - <u>History of Carcinoma of Stomach - Operated 1948</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>191X</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Oct. 19 56</u> to <u>Nov. 17, 1956</u> last saw her/him alive on <u>Nov 7, 1956</u> Death occurred at <u>11:30 a. m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>E. J. Twin, M.D.</u>				22b. ADDRESS <u>701 E. 63rd St. K.C., Mo.</u>		22c. DATE SIGNED <u>Nov. 18, 1956</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>11-20-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>West Mary</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		
24. FUNERAL DIRECTOR <u>SEBBETO'S</u>		ADDRESS <u>K.C. Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-19-56</u>		26. REGISTRAR'S SIGNATURE <u>Meva Minshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare & Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
E. J. Twin

Dec 3-1983

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..... *James D. Goldeno*

Licensed Embalmer No.....

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.