

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41358

FILED JAN 14 1957

STATE FILE NUMBER 5717

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>Kansas City</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>556 Harmon</i> Length of stay in bed <i>48 yrs</i>		d. STREET ADDRESS (If outside, give location) <i>556 Harmon</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Joseph</i> Middle <i>Biondo</i> Last <i>Biondo</i>			4. DATE OF DEATH Month <i>12</i> Day <i>29</i> Year <i>56</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <i>6-21-1908</i>	9. AGE (In years last birthday) <i>48</i>	IF UNDER 1 YEAR Months <i>4</i> Days <i>8</i> Hours <i>48</i> Min.
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>					

10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <i>Clerk</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Dondegnon Hae</i>	11. BIRTHPLACE (City and state or country) <i>KC Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Marion Biondo</i>		14. MOTHER'S MAIDEN NAME <i>Rose Distefano</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>496-16-8634</i>	17. INFORMANT <i>Anna Biondo</i> Address <i>556 Harmon</i>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Tuberc Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>490X</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
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 _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <i>Hugh H. Owens</i> (Degree or title)	21b. ADDRESS <i>1039 Rialto Blvd</i>	21c. DATE SIGNED <i>12-29-56</i>
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23a. BURIAL, CREMATION, REMOVAL SPECIES <i>Burial</i>	23b. DATE <i>1-2-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Marys</i>	23d. LOCATION (City, town, or county) (State) <i>KC Mo</i>
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24. FUNERAL DIRECTOR <i>Blair B. Lagetina</i> ADDRESS <i>H.C.</i>	25. DATE REG. BY LOCAL REG. <i>1-2-57</i>	26. REGISTRAR'S SIGNATURE <i>ruva minshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

000-56
death, self-care, public service
any other cause only partially related. Coroner cannot certify to a death due to natural causes.

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.....
Robert B. Leggett

Licensed Embalmer No. *42*

P. O. Address *K.C.*

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 the body is not embalmed, fact should be so stated above.