

FILED JUN 28 1957

STANDARD CERTIFICATE OF DEATH

'57 0 2 1 5 0
State File No.

2716

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 8 days		d. STREET ADDRESS (If rural, give location) 720 Homer 81508	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) RAMON		b. (Middle) _____ c. (Last) JUILLIANO	
4. DATE OF DEATH June 8, 1957			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 3, 1880
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) car Dept.		10b. KIND OF BUSINESS OR INDUSTRY U.P.R., R.	11. BIRTHPLACE (City and State or Foreign Country) Italy 5
12. CITIZEN OF WHAT COUNTRY? Italy			
13a. FATHER'S NAME John Juiliano		13b. MOTHER'S MAIDEN NAME Josephine Trabon	
14. NAME OF HUSBAND OR WIFE Santa			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 712-03-2447	
17. INFORMANT'S SIGNATURE OR NAME John J. Juiliano (son)		ADDRESS 718 Homer K.C.K	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute + chronic pyelonephritis DUE TO (c) nephrolithiasis Carcinoma of Urinary Bladder Chronic bronchiectasis 60274	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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 <u>3-1-57</u> , 19 <u>57</u> , to <u>6-8-57</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6-8-57</u> , 19 <u>57</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Graham Owens MD (Degree or title)		23b. ADDRESS Rialto Bldg. K.C.Mo.	
23c. DATE SIGNED 6/10/1957			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6/8/57	
24c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
DATE REC'D BY LOCAL REG. 6-10-57		REGISTRAR'S SIGNATURE Alva Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE JOS. A. BUTLER'S SONS		ADDRESS K.C.K	

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

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
Student Embalmer

Signed Russell W Dennis

Licensed Embalmer No. 3462 Missouri

P. O. Address Kansas City 2, Kansas

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