

Health, Welfare and Public Service

300
1-56

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

Ralph S. Casford
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31755
STATE FILE NUMBER
3919

FILED SEP 19 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3919

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN HICKMAN MILLS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) ST. LUKES HOSP			Length of stay 3 1/2 mo.		d. STREET ADDRESS 11120 WINCHESTER		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MAYME Middle CATHERINE Last CAPPELLO				4. DATE OF DEATH Month 8 Day 19 Year 1957					
5. SEX Fe.	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8-29-1927		9. AGE (In years last birthday) 29		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME			10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) KANSAS CITY, MO		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME MIKE BEGULIO				14. MOTHER'S MAIDEN NAME MINNIE VERDONE					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. UNK		17. INFORMANT JOHN CAPPELLO Address HICKMAN MILLS, MO.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Edema of the Glottis								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Carcinoma of the lung						3 yrs	
		DUE TO (c) Metastasis from the breast						170h	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) None								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) No injury						
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 June 5 /57 to 8/19/57 and last saw her alive on 8/18/57 Death occurred at 4:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Ralph S. Casford M.D.				22b. ADDRESS 221 Plaza Medical Bldg				22c. DATE SIGNED 8/20/57	
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) BURIAL		23b. DATE 8-21-1957		23c. NAME OF CEMETERY OR CREMATORY Mt. OLIVET		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO			
24. FUNERAL DIRECTOR PASSANTINO Bros ADDRESS KC MO			25. DATE RECD. BY LOCAL REG. 8-21-57		26. REGISTRAR'S SIGNATURE neva minishall				

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bradford

318 Medical (Bldg)

WE 156 16



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 *Leonard C. Passantino*

Licensed Embalmer No. 459

P. O. Address Ke, Mo

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