No. 300
10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 31997
4028

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

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY'S HOSP.
e. STREET ADDRESS (If rural, give location): 4009 ASKEW

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]

**3. NAME OF DECEASED** (Type or Print)
a. (First): SARAH
b. (Middle): LOMBARDINO
c. (Last):

**4. DATE OF DEATH** (Month) (Day) (Year): 8-26-1957

**5. SEX**: F
**6. COLOR OR RACE**: WH.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: 1-29-1895
**9. AGE** (In years last birthday): 62
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): HOME
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (City and State or Foreign Country): LA.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: CARL OLIVER
**13b. MOTHER'S MAIDEN NAME**: ANTONINA CANNETELLA
**14. NAME OF HUSBAND OR WIFE**: SAM LOMBARDINO

**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.**: 492-18-1119
**17. INFORMANT'S SIGNATURE OR NAME**: SAM LOMBARDINO
ADDRESS: KC MO

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Sarcinomatosis, ovarian with pleural metastases — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: 175X

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES [ ] NO [X]

**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 [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* 8/5, 1957, *to* 8/26, 1957, *that I last saw the deceased alive on* 8/25, 1957 *and that death occurred at* 11:54 m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Florence E. MacInnis M.D. (Degree or title)
**23b. ADDRESS**: 4620 Michigan Pkwy.
**23c. DATE SIGNED**: 8/26/57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 8-29-1957
**24c. NAME OF CEMETERY OR CREMATORY**: MT. OLIVET
**24d. LOCATION** (City, town, or county) (State): KANSAS CITY, MO

DATE REC'D BY LOCAL REG.: 8-28-57
REGISTRAR'S SIGNATURE: Vern Minshall
**25. FUNERAL DIRECTOR'S SIGNATURE**: PASSANTINO BROS
ADDRESS: KC MO

(Licensed Embalmer's Statement on Reverse Side)

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

Florence E. Mac Innis

KP

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leonard C Passantin

Licensed Embalmer No. 455

P. O. Address KC MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.