

pt. Health,
, & Welfare
S. Public
alth Service

FILED NOV 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36063
STATE FILE NUMBER
4658
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri 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 Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1			Length of stay in lb 40 YRS		d. STREET ADDRESS 349 Maple Blvd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Joe Middle (GIUSEPPE) Last PENNINO				4. DATE OF DEATH Month 10 Day 5 Year 1957					
5. SEX MALE	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 SEPT 11-1882		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ITALY 5		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME GIUSEPPE PENNINO			13b. MOTHER'S MAIDEN NAME ROSE SIVIA			14. NAME OF HUSBAND OR WIFE BESSIE PENNINO			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NINE		17. INFORMANT BESSIE PENNINO			Address 349 MAPLE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								4911	
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 <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 Aug. 9, 1957 to Oct. 5, 1957 and last saw ^{her} him alive on Oct. 5, 1957 Death occurred at 11:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE R. L. Burns, M.D. (Degree or title)					22b. ADDRESS 24th & Cherry			22c. DATE SIGNED 10-7-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-8-57	23c. NAME OF CEMETERY OR CREMATORY ST MARY'S CEM			23d. LOCATION (City, town, or country) (State) KANSAS CITY, MO			
24. FUNERAL DIRECTOR PASSANTINO BROS KCMO				ADDRESS		25. DATE RECD. BY LOCAL REG. 10-8-57		26. REGISTRAR'S SIGNATURE Leva Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

B. I. BIRTHS

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.



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 Passantino*

Licensed Embalmer No. *4554*
P. O. Address *Remo*

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.