t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

FILED NOV 14 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36109
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5008

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MENORAH HOSP — Length of stay in 1b 55 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 135 Garfield (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Anthony; Middle; Last Ross

4. DATE OF DEATH: Month 10 Day 26 Year 57

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH 6-7-1887

9. AGE (In years on last birthday) 70 — 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) BARBER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE UNK.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT GEORGE ROSS Address 135 GARFIELD

MEDICAL CERTIFICATION

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, severe, left lower lobe; purulent material in bronchi and bronchioles. — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
(b) Myocardial infarction, healed, apex of left ventr. — ?
(c) Thrombosis, rt. femoral artery. — 1 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus 491.1
19. WAS AUTOPSY PERFORMED? YES [✓] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 10-15-57, to 10-26-57 and last saw her/him alive on 10-26-57
Death occurred at 5:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Milton Katz (Degree or title) M.D.
22b. ADDRESS 1302 Prof. Bldg KC Mo
22c. DATE SIGNED 10-27-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-29-57
23c. NAME OF CEMETERY OR CREMATORY Calvary Cem
23d. LOCATION (City, town, or county) (State) K.C. Mo

24. FUNERAL DIRECTOR SEBBETO'S
ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 10-28-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Milton Katz

Dec 1-2030

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 Farrell D. Goldsmow

Licensed Embalmer No. 4714

P. O. Address K.C. Mo

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.

Items #8,9,11,13a,b,14 amended by Court Order of Circuit Court Milton Katz of Clay County, Missouri 6-18-98 Items #8,13b amended by court order of Circuit Court Clay County, Missouri 6-24-98

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a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 135 Garfield — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Anthony Middle Last Ross

4. DATE OF DEATH Month 10 Day 26 Year 57

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH June 7, 1872 ~~6-3-1872~~
9. AGE (In years if last birthday) 85 ~~70~~ — 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) BARBER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Mezzojuso (PA) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrea Maddi
13b. MOTHER'S MAIDEN NAME Nunzia ~~Vincenza~~ Muscarello
14. NAME OF HUSBAND OR WIFE Mary Bittner Ross

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT GEORGE ROSS Address 135 GARFIELD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BRONCHO
IMMEDIATE CAUSE (a) Pneumonia, severe, left lower lobe; purulent material in bronchi and bronchioles. — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~[illegible]~~ II Myocardial Infarction, healed, apex of left ventr. — ?
~~[illegible]~~ II thrombosis, rt. femoral artery. — 1 day.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus 491+
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 10-15-57, to 10-26-57 and last saw her/him alive on 10-26-57
Death occurred at 5.45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

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23d. LOCATION (City, town or county) (State) K.C. Mo

24. FUNERAL DIRECTOR SEBBETO'S ADDRESS K.C. Mo.
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