

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005735

STATE FILE NUMBER

856

Registration District No. 149

Primary Registration District No. 1207

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Marys Hosp</u>			Length of stay in lb <u>40 days</u>	d. STREET ADDRESS (If outside, give location) <u>126 Cypress</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>MORTALLARO</u> Last				4. DATE OF DEATH Month <u>2</u> Day <u>15</u> Year <u>58</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>OCT 13 1887</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Italy 5</u>		12. CITIZEN OF WHAT COUNTRY? <u>Italy</u>	
13a. FATHER'S NAME <u>Tony Genova</u>			13b. MOTHER'S MAIDEN NAME <u>Lillian</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew</u>			
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 <u>Thomas Mortallaro</u> Address <u>334 Cypress</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>						INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute antero-septal myocardial infarction</u>						<u>24 hours</u>		
DUE TO (c) <u>Diabetes Mellitus 160+</u>						<u>10 years</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Atherosclerotic Heart Disease & generalized arteriosclerosis</u>						19. WAS AUTOPSY PERFORMED? <u>0</u> YES <input type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour _____ 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 <u>July 9 1949</u> to <u>February 15 1958</u> and last saw her alive on <u>February 10 1958</u> Death occurred at <u>316 27th St</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Daguer or title) <u>Flourence E. Mac Innis</u>				22b. ADDRESS <u>4620 Uchels Pkwy</u>		22c. DATE SIGNED <u>2/17/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-18-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Marys</u>		23d. LOCATION (City, town or county) (State) <u>KC Mo</u>			
24. FUNERAL DIRECTOR <u>SEBBET'S</u> ADDRESS <u>KC Mo</u>			25. DATE RECD. BY LOCAL REG. <u>2-17-58</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

FLORENCE E. MAC INNIS USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

*Mr. Rice Quill
Helen G. Nichols
for J. Nichols
Feb 17 1955
Below 1000
man 2 to 5*

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 *Forrest D. Coldman*

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.