

Health, Welfare
Public Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010002
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1497

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before permission) a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 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 701 E 63rd Km 22		Length of stay in lb 55 YR	d. STREET ADDRESS (If outside, give location) 1026 E5 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) INCECTO THOMAS INZERILLO			4. DATE OF DEATH Month Day Year 3-21-1958			
5. SEX 0 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 12-10-1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ABSOE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ITALY		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JOSEPH INZERILLO		13b. MOTHER'S MAIDEN NAME ANGELA KSHRANDA		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW # 1		16. SOCIAL SECURITY NO. 495-24-7987		17. INFORMANT MARY INZERILLO Address KCMO	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease (Occlusion) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) } DUE TO (c) }			INTERVAL BETWEEN ONSET AND DEATH 15 minutes several years 42-150 H		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Colon and Spleen of Urethra.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <input type="checkbox"/> NOT WHILE 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 9-20-1955 to 3-21-58 and last saw her alive on 3-21-58 Death occurred at 1:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Jacob Zellermayer, M.D.			22b. ADDRESS 701 East 63rd Street KCMO		22c. DATE SIGNED 3-22-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-22-1958	23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEM.	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO	
24. FUNERAL DIRECTOR PASSANTINO Bros KCMO			25. DATE RECD. BY LOCAL REG. 3-22-58	26. REGISTRAR'S SIGNATURE vera Marshall	

(Licensed Embalmer's Statement on Reverse Side)

Jack Zellermayer USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms with no cause related. All diseases in Part I must be causally related.

SL Zelevinsky
701 E 63 Rm 212

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

Signature *Leonard Passantino*

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

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.