

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014436
STATE FILE NUMBER

FILED APR 23 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1809

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</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 Joseph Hospital</u>		Length of stay in 1b <u>60 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>313 Olive St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Russo</u> Last <u>Russo</u>			4. DATE OF DEATH Month <u>4</u> Day <u>7</u> Year <u>1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-1-1877</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> Min. <u>5</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and state or country) <u>Italy</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Russo</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bono</u>	14. NAME OF HUSBAND OR WIFE <u>Leonarda Russo</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Leonarda Russo</u>	Address <u>313 Olive St</u>
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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>Bronchio pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>fungus infection (m.c.)</u>		<u>2 weeks</u>
	DUE TO (c) <u>---</u>		<u>1345</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year <u>---</u>	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
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21. I attended the deceased from <u>March 14-58</u> , to <u>Apr 7, 58</u> and last saw her alive on <u>Apr 7, 58</u> Death occurred at <u>1:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. Paul Wright</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>1324 Prof. Bldg</u>	22c. DATE SIGNED <u>Apr 8 58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-10-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. Olive Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>
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24. FUNERAL DIRECTOR <u>Passantino Bros</u>	ADDRESS <u>K.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-8-58</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

R. Paul Wright

Dr. Paul Wright

Prof. ~~49-2823~~

VAD-1368
12:30 PM to 5 PM in office

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 Ronald Passantino

Licensed Embalmer No. 4554

P. O. Address Kemo

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.