

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018580

STATE FILE NUMBER

2545

FILED JUN 5 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2545

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) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Length of stay in lb 57 yrs	d. STREET ADDRESS (If outside, give location) 5435 Troost
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS VENTOLA		4. DATE OF DEATH Month Day Year May 19 1958	
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 Dec. 28, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repair		10b. KIND OF BUSINESS OR INDUSTRY Ventola Bootery	11. BIRTHPLACE (City and state or country) Naples, Italy
13a. FATHER'S NAME Patrick Ventola		13b. MOTHER'S MAIDEN NAME Carmela Delpercio	14. NAME OF HUSBAND OR WIFE Louise Ventola
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. 488-38-5685	17. INFORMANT Address Mrs. Louise Ventola, of the home.
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease			INTERVAL BETWEEN DEATH AND DEATH 19/10/57
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary heart disease			10/10/57
DUE TO (c) _____			42.00
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 checked="" 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 checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 10/10/57		20f. CITY, TOWN, OR LOCATION COUNTY STATE 5/19/58	
21. I attended the deceased from Death occurred at 1:23		and last saw her alive on 5/19/58 m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Chas Wm MD		22b. ADDRESS 1010 Prof Bldg LCB mo	
22c. DATE SIGNED 5/19/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/21/58	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home		25. DATE RECD. BY LOCAL REG. 5-19-58	
26. REGISTRAR'S SIGNATURE Woodland-Linwood		Neva Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

C. G. Leitch

Miss E. 1109

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 *John H. Peyer*

Licensed Embalmer No. *2999*

P. O. Address *Ke 275*

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.