

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022116
STATE FILE NUMBER
2854

FILED JUL 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>611 1/2 Prospect</i>		Length of stay in lb <i>50 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>611 1/2 Prospect</i>
3. NAME OF DECEASED (Type or print) First <i>JOE</i> Middle <i>TRUZOLINO</i> Last		4. DATE OF DEATH Month <i>6</i> Day <i>2</i> Year <i>1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>1886</i> <i>2-15-1886</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Watchman</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>INDUSTRY</i>	9c. AGE (In years last birthday) <i>73</i> IF UNDER 1 YEAR: Months <i>7</i> Days <i>12</i> IF UNDER 24 HRS.: Hours <i>12</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Campofelice, Italy</i>
13a. FATHER'S NAME <i>unk</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name <i>no</i>) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>458-16-3595</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Coronary Occlusion</i> DUE TO (b) <i>Congestive Heart Failure</i> DUE TO (c) <i>Arteriosclerosis</i>		17. INFORMANT Address <i>Joe Truzolino Jr. 2517 Amie</i>	
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.)	
20c. TIME OF INJURY Hour <i>9:55 PM</i> a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from Death occurred at <i>Dec 1956</i> <i>9:55 PM</i> <i>June 2, 1958</i> and last saw her <i>June 2, 1958</i> live on <i>June 2, 1958</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>E. L. Gehrke MD</i>	
22b. ADDRESS <i>1400 1/2 S. 23rd St KC Mo</i>		22c. DATE SIGNED <i>6/5/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>2-5-1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Floral Hill Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>	
24. FUNERAL DIRECTOR <i>Passantino Bros KC Mo</i>		25. DATE RECD. BY LOCAL REG. <i>6-5-58</i>	
26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

E. L. Gehrke

on Hehrbe 1400 1/2 E 31
Wa 14632



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 *Leonard Parantino*

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.