

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025758

STATE FILE NUMBER

FILED JUL 25 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3248

300  
1-57 y

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 OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>KC Convalescent Home 1925</u>		Length of stay in lb <u>35</u>	d. STREET ADDRESS (If outside, give location) <u>1132 E. McAn</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>GIACOMO (JAKE)</u> Middle <u>ROMEO</u> Last <u>ROMEO</u>			4. DATE OF DEATH Month <u>6</u> Day <u>29</u> Year <u>58</u>		
--	--	--	---	--	--

5. SEX <u>M</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>July 7 1883</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>
-----------------	---------------------------	---	--	--	--	--

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>R.R.</u>	11. BIRTHPLACE (City and state or country) <u>Italy</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>Antonio Romeo</u>	13b. MOTHER'S MAIDEN NAME <u>Giuvanna Rizza</u>	14. NAME OF HUSBAND OR WIFE <u>Antonina Romeo</u>
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>712-03-2449</u>	17. INFORMANT <u>Jasper Balcara</u> Address <u>914 E. McAn</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>Acidosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6/26-58</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Diabetes Mellitus</u>	<u>5/12-58</u>
	DUE TO (c) <u>Ca of large colon</u>	<u>5-12-58</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a), (b), and (c).  
2107H

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 <u>11:00</u> a.m. <u>11:00</u> p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION <u>5/11-58</u>	COUNTY <u>6-29-58</u>	STATE <u>6-26-58</u>
---	--	--	--------------------------	-------------------------

21. I attended the deceased from 5/11-58 to 6-29-58 and last saw him alive on 6-26-58  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>A. Saladino</u> (Degree or title)	22b. ADDRESS <u>1040 Argyle</u>	22c. DATE SIGNED <u>7-1-58</u>
--	------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-2-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cem</u>	23d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>
--	----------------------------	--	--

24. FUNERAL DIRECTOR <u>Sebbeto's K.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7-1-58</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>
---	---	---

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

A. Saladino

MEDICAL CERTIFICATION

No symptoms were listed.



**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. Edelman* .....

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.