

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036561
STATE FILE NUMBER
4947

73404
FILED NOV 7 1958

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

300
1-57

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|--|-----------------------------------|---|--|
| 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 | | c. CITY OR TOWN Kansas City | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4207 E. 22nd. St. | | d. STREET ADDRESS (If outside, give location) 4207 E. 22nd St. | |
| Length of stay in lb Life | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Budeana A. Petralia | | | 4. DATE OF DEATH Month Day Year Oct. 19, 1958 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 20, 1958 |
| 9. AGE (In years last birthday) 29 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none - infant | | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (City and state or country) Kansas City, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME Johny Petralia | |
| 13b. MOTHER'S MAIDEN NAME Yvonne Cannon | | 14. NAME OF HUSBAND OR WIFE none | |
| 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. none | 17. INFORMANT Address Yvonne PETRALIA 4207 E. 22nd St. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brunch pneumonia | | | INTERVAL BETWEEN ONSET AND DEATH 491 X |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| 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? 1 YES X NO <input 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 Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT 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 _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Dr. Charles W. ... | | 22b. ADDRESS 6627 ... | 22c. DATE SIGNED 10-20-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Oct. 21, 1958 | 23c. NAME OF CEMETERY OR CREMATORY South Point Cemetery | 23d. LOCATION (City, town, or county) (State) Orrick, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Earp & Sons 4707 Truman Rd. K.C. Mo. | | 25. DATE RECD. BY LOCAL REG. 10-20-58 | 26. REGISTRAR'S SIGNATURE Neva Marshall |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Geo. C. Kealhofer

Dec 3 - 9187



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 B. Camp*
Licensed Embalmer No. *2953*
P. O. Address *1111 9th*

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.