Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036590
STATE FILE NUMBER

FILED OCT 29 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4764

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Downtown Hosp — Length of stay in lb 36 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 59th Crystal — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First CHAS Middle A. Last ~~Rove~~ Rove

4. DATE OF DEATH Month 10 Day 7 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH 1-1-1891
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor
10b. KIND OF BUSINESS OR INDUSTRY Building Mat.
11. BIRTHPLACE (City and state or country) Italy
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Vincent ~~Rove~~ Rove
13b. MOTHER'S MAIDEN NAME Susie
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Nancy ~~Rove~~ Rove Address 59th Crystal

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — 1954
DUE TO (c) Generalized Arteriosclerosis — 1954
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Previous myocardial infarction, Cerebral Thrombosis 332+

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
ITEM 3, 13a, 17 CORRECTED BY AFFIDAVIT OF Funeral Director 8-7-59 [illegible]
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 3-31-1955, to 10-7-1958 and last saw ~~him~~ alive on 10-7-58
Death occurred at 11:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D J Cutcliff MD, M.D.
22b. ADDRESS 1222 McGee St., K.C., Mo.
22c. DATE SIGNED 10-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-11-1958
23c. NAME OF CEMETERY OR CREMATORY St Mary
23d. LOCATION (City, town, or county) (State) Kansas City, Mo

24. FUNERAL DIRECTOR Passantino Bros ADDRESS KC Mo
25. DATE RECD. BY LOCAL REG. 10-9-58
26. REGISTRAR'S SIGNATURE Nevar Minshall

(Licensed Embalmer's Statement on Reverse Side)

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.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
D. J. Cutcliff

Oct 7 - 1155 PM

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 ..... Signed Leonard Passantino

Signature of Student Embalmer

Licensed Embalmer No. 4554

P. O. Address KC 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.