

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044433

STATE FILE NUMBER

6141

FILED JAN 14 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6141

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</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> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>311 E 6th</i>		Length of stay in 1b <i>1904</i>	d. STREET ADDRESS (If outside, give location) <i>311 E 6th</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>JOSEPH</i> Middle <i>TERRANOVA</i> Last <i>TERRANOVA</i>			4. DATE OF DEATH Month <i>12</i> Day <i>24</i> Year <i>58</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>DEC 8 1887</i>
9. AGE (In years last birthday) <i>75 7/8</i>		10. FUNDER 1 YEAR Months <i>7</i> Days <i>24</i> Hours <i>58</i> Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (City and state or country) <i>Italy 5</i>
12. CITIZEN OF WHAT COUNTRY? <i>—</i>		13a. FATHER'S NAME <i>PIETRO TERRANOVA</i>	
13b. MOTHER'S MAIDEN NAME <i>MARIANA LORE</i>		13c. NAME OF HUSBAND OR WIFE <i>ANNA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>493-05 8399</i>	17. INFORMANT <i>JOE BOOTHMAN 3611 N FLORA</i> Address
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>Coronary Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>—</i> DUE TO (c) <i>—</i>			<i>4201</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <i>Dist Pain Chest & L arm</i>			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>—</i> Month, Day, Year a.m. <i>—</i> p.m. <i>—</i>		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/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Hugh H. Owens</i> (Degree or title) <i>3</i>		22b. ADDRESS <i>1034 Quail Bldg</i>	
22c. DATE SIGNED <i>12-26-58</i>		23. NAME OF CEMETERY OR CREMATORY <i>St. Mary's</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>12-27-58</i>	
23c. LOCATION (City, town, or county) <i>KANSAS CITY Mo</i>		23d. (State)	
24. FUNERAL DIRECTOR <i>SEBBETO'S K.C. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>12-26-58</i>	
26. REGISTRAR'S SIGNATURE <i>neva minshall</i>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. Caldwell*

Licensed Embalmer No. *4714*

P. O. Address *S. P. 240*

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.