No. 300
10.48

FILED MAR 11 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005511
State File No.

BIRTH NO. — REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 942

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY
c. LENGTH OF STAY (in this place) 50 YRS ~~50 YRS~~
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) KCTB HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 511 BROOKLYN

3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) (DI GIORGIO) c. (Last) DIGEORGE
4. DATE OF DEATH (Month) FEB (Day) 18 (Year) 1959
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH MAY 10 - 1888
9. AGE (In years last birthday) 70 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) RAILROADER
10b. KIND OF BUSINESS OR INDUSTRY RAILROAD - MO. PAC
11. BIRTHPLACE (City and State or Foreign Country) ITALY
12. CITIZEN OF WHAT COUNTRY? Italy
13a. FATHER'S NAME JOE DIGEORGE
13b. MOTHER'S MAIDEN NAME NOT KNOWN
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. NOT KNOWN
17. INFORMANT'S SIGNATURE OR NAME MRS JR WRIGHT ADDRESS 3918 E. 9th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* FEB 17, 1959, *to* FEB 18, 1959, *that I last saw the deceased alive on* 2-18, 1959, *and that death occurred at* 8.05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Edward P. Altomare M.D.
23b. ADDRESS KCTB HOSPITAL - KC. MO
23c. DATE SIGNED 2-18-59
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-21-1959
24c. NAME OF CEMETERY OR CREMATORY St Mary's Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City, Mo
DATE REC'D BY LOCAL REG. 2-19-59
REGISTRAR'S SIGNATURE Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE Passantino Bros ADDRESS KC MO

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Edward P. Altomare

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed Leonard Passantino

Licensed Embalmer No. 455

P. O. Address Ke Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.