

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009522

STATE FILE NUMBER

1202

REGISTRATION DISTRICT NO. 149 PRIMARY REGISTRATION DISTRICT NO. 1002 REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Joseph Hosp</i>		d. STREET ADDRESS (If outside, give location) <i>432 N. Colorado</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>SYLVESTRE ho PORTO</i>		4. DATE OF DEATH Month Day Year <i>3-4-1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-24-1882</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>INDUSTRY</i>	9c. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <i>77</i> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) <i>Palermo, Italy</i>
11. CITIZEN OF WHAT COUNTRY? <i>USA</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Carlo de Porto</i>		13b. MOTHER'S MAIDEN NAME <i>Maria de Maggio</i>	
14. NAME OF HUSBAND OR WIFE <i>Rose de Porto</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, specify branch) (If yes, give year or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>493-22-4144</i>		17. INFORMANT <i>Maria de Porto</i> Address <i>KE, MO</i>	
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>End Pneumonia, Chest & Mediastinum Fractured Rib</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>arteriosclerosis Heart Disease</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <i>Fall in Home</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>2:30 59</i>		20d. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <i>Residence</i>	
20e. CITY, TOWN, OR LOCATION <i>Kansas City</i>		20f. COUNTY STATE <i>Jackson MO</i>	
21. I attended the deceased from _____ to _____ and last saw him/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) <i>Hugh H. Owens</i>		22b. ADDRESS <i>1034 Riccetto Bldg</i>	
22c. DATE SIGNED <i>3-4-59</i>		22d. PLACE SIGNED	
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <i>3-6-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St Mary Lem.</i>	23d. LOCATION (City, town or county) (State) <i>Kansas City, MO</i>
24. FUNERAL DIRECTOR <i>Sassantoro Bros</i> ADDRESS <i>KE MO</i>		25. DATE RECD. BY LOCAL REG. <i>3-5-59</i>	
26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Owens Hugh H.

Dr. Leonard ... 33710

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 *Leonard Passantino*

Licensed Embalmer No. *4554*

P. O. Address *Kemo*

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.