

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013444

STATE FILE NUMBER

APR 20 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1704

300
-157 0

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) 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>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Orthopaedic Hosp</i>		Length of stay in 1b <i>20 months</i>	d. STREET ADDRESS (If part side, give location) <i>404 Prospect</i>
3. NAME OF DECEASED (Type or print) First <i>CAROLINE</i> Middle <i>MILLER</i> Last		4. DATE OF DEATH Month <i>4</i> Day <i>1</i> Year <i>1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7-31-1957</i>
10a. USUAL OCCUPATION (Give kind of work done during most of last year, even if retired) <i>Child</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <i>7</i> Days <i>31</i> IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Roy Miller</i>		13b. MOTHER'S MAIDEN NAME <i>Marie Ann Gambino</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Roy Miller</i> Address <i>404 Prospect</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>BILATERAL-PULMONARY CONGESTION</i> DUE TO (b) <i>BILATERAL BRONCHO PNEUMONIA</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <i>491X</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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT WORK <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 <i>3/31/59</i> to <i>4/1/59</i> and last saw her alive on <i>4/1/59</i> 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>Richard P. Mucie D.O.</i>		22b. ADDRESS <i>1924 E 31st ST.</i>	
22c. DATE SIGNED <i>4/3/59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>4-4-1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St Marys Cem</i>	
23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo</i>		24. FUNERAL DIRECTOR <i>Sassantino Bros KC Mo</i>	
25. DATE RECD. BY LOCAL REG. <i>4-3-59</i>		26. REGISTRAR'S SIGNATURE <i>neva minshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Richard P. Mucie

50 Tinsler
3158 Euclid
8-25 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
Signature of Student Embalmer

Signed *Leonard Pasantino*

Licensed Embalmer No. *4554*
P. O. Address *KE 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.