

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021178

STATE FILE NUMBER 2699

FILED JUN 24 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2699

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY (If outside, give location) OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 712 Highland		d. STREET ADDRESS (If outside, give location) 712 Highland	
Length of stay in lb 14 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Phyllis Middle M Last Anello			4. DATE OF DEATH Month 5 Day 30 Year 59
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-29-1944
9. AGE (In years last birthday) 14		IF UNDER 1 YEAR Months 1 Days 14	IF UNDER 24 HRS Hours 14 Min. 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Kansas City, MO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Carl Anello	
13b. MOTHER'S MAIDEN NAME Jennie Guagenti		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or not known) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT Carl Anello Address 712 Highland
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxemia Carcinoma of the brain Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) --- DUE TO (c) ---			INTERVAL BETWEEN ONSET AND DEATH 5/11-10-59 1/5-55
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1930			19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 1-5-55 to 5-30-59 and last saw her alive on 5-12-59 . Death occurred at --- on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) A. Saladino, M.D.		22b. ADDRESS 1040 Argyle Bldg	22c. DATE SIGNED 6-1-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-2-1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City MO
24. FUNERAL DIRECTOR Passarino Bros K C MO		25. DATE RECD. BY LOCAL REG. 6-2-59	26. REGISTRAR'S SIGNATURE Neal Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

A. Saladino

MEDICAL CERTIFICATION

Health, Welfare, Public Service

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MISSOURI DEPARTMENT OF HEALTH - DIVISION OF HEALTH - ST. LOUIS, MISSOURI

Dr Anthony Saladino
2009 W 67th St
May 30 1959 6:45 AM.

no. 2-6286.

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 Pasantun*

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.