

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-000653

FILED VS FEB 5 1960 59

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cass</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Pdk Twp.</u>		Length of stay in 1b	c. CITY OR TOWN <u>Rural Madison Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mi E of Strasburg (Hwy 58)</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Rural</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>NANCK</u> Middle <u>MONTELEONE</u> Last <u>MONTELEONE</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>24</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 30, 1944</u>	9. AGE (Last birthday) <u>15</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>Tyler Texas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Anthony Monteleone</u>		13b. MOTHER'S MAIDEN NAME <u>Rhea Huntington</u>		14. NAME OF HUSBAND OR WIFE <u>Anthony Monteleone</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>ANTHONY MONTELEONE KANSAS CITY MO</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral trauma</u>					
DUE TO (b) <u>Injuries received in car wreck</u>					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.) <u>car wreck</u>			
20c. TIME OF INJURY Hour <u>6:30</u> Month, Day, Year <u>1/24/60</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>1 1/2 miles E of Strasburg</u>	COUNTY <u>Cass</u>	STATE <u>MO</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>6:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Robert C. Phillips Jr.</u> (Degree or title) <u>Cass County Coroner</u>			22b. ADDRESS <u>302 S. Independence St.</u>		22c. DATE SIGNED <u>1/25/60</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan 28 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>	
24. FUNERAL DIRECTOR <u>Canaday & Rupp. Holden</u>		25. DATE RECD. BY LOCAL REG. <u>1-27-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Kay Sebee</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 19 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Samuel B Ropp

Licensed Embalmer No. 4044

P. O. Address Holden

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.