

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-001511

FILED VS. FEB 4 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 447

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> Length of stay in 1b <u>5 yrs</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>517 Charlotte</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #1</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First <u>Leobio</u> Middle <u>Drago</u> Last <u>Drago</u> | | | 4. DATE OF DEATH Month <u>1</u> Day <u>24</u> Year <u>1960</u> | | |
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| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1176-81</u> | 9. AGE (last birthday) <u>78</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Great Railway Co</u> | 11. BIRTHPLACE (City and state or country) <u>Italy</u> | 12. CITIZEN OF WHAT COUNTRY <u>Italy</u> |
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| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Rosalie</u> | 14. NAME OF HUSBAND OR WIFE <u>Rosalie</u> |
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| 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> </u> | 17. INFORMANT Address <u>Mrs Joseph Bono 3006 Quincy</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>URINARY RETENTION</u> DUE TO (b) <u>BENIGN PROSTATIC HYPERTROPHY</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u> </u> |
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| 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 type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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.) |
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| 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u> | 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 |
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| 21. I attended the deceased from <u>1-21-1960</u> to <u>1-24-1960</u> and last saw him live on <u>1/24/1960</u> Death occurred at <u>8:11 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>H. L. Dwyer</u> (Degree or title) | 22b. ADDRESS <u>2400 Cherry - S.E. Mo</u> | 22c. DATE SIGNED <u>1/24/1960</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>1-27-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt St Mary's</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Sebbell Funeral Home 901 E 5th</u> | 25. DATE RECD. BY LOCAL REG. <u>1-26-60</u> | 26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. L. Dwyer

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 James D. Goldsrow

Licensed Embalmer No. 4714

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.