

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006478

FILED VS FEB 23 1960

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. 805 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in lb <u>63 yrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2117 INDEP. BLVD</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>PASSANTINO</u> Last <u>PASSANTINO</u>				4. DATE OF DEATH Month <u>2</u> - Day <u>7</u> - Year <u>1960</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-1-1896</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FUNERAL DIRECTOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>LEONARDO PASSANTINO</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARITE ARNONE</u>			14. NAME OF HUSBAND OR WIFE <u>LENA</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>488-40-9856</u>		17. INFORMANT <u>LENA C PASSANTINO</u> Address <u>KE MO</u>				
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>Acute circulatory Failure</u>							INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>		
DUE TO (b) <u>cor Pulmonale</u>							<u>2 wks</u>		
DUE TO (c) <u>Massive upper gastro-intestinal hemorrhage 2 1/2 day</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <u>Obesity - severe</u>							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		
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 <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u> <u> </u> <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	
21. I attended the deceased from <u>1947</u> to <u>2-7-60</u> and last saw him alive on <u>2-7-60</u> Death occurred at <u>4 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>L. F. Steffen M.D.</u>				22b. ADDRESS <u>1103 Grand Ave K.C.</u>			22c. DATE SIGNED <u>2-10-60</u>		
23a. BURIAL/CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-11-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. ST. MARY'S</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u>					
24. FUNERAL DIRECTOR <u>PASSANTINO BROS</u> ADDRESS <u>KE, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>2-10-60</u>		26. REGISTRAR'S SIGNATURE <u>Leva Minshall</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Steffen

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.