

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-034709

FILED VS OCT 10 1960 149 Primary Registration District No. 1002 Registrar's No. 4831 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>Missouri</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 1b <u>67 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. Joseph's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>604 E 79 Terrace</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>MICHAEL</u> Middle <u>L.</u> Last <u>DE FEO</u>			4. DATE OF DEATH Month <u>September</u> Day <u>23</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>July 2, 1893</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>10</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>Wholesale Fruit & Produce</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Fruit & Produce</u>	11. BIRTHPLACE (City and state or country) <u>K.C., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alphonso De FEO</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Calabrese</u>	
14. NAME OF HUSBAND OR WIFE <u>Lena De FEO</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>497-36-9709</u>	17. INFORMANT <u>Lena De FEO, 604 E. 79 Terrace</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>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs - 8-10 months undetermined</u>
DUE TO (b) <u>Carcinoma of stomach</u>		
DUE TO (c) <u>Cerebral Atrophy (Due to atherosclerosis)</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hepato fibrosis -</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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20. 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>7:30</u> Month, Day, Year <u>Sept 23, 1960</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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7:30 P.M. Sept 23, 1960 to Sept 23, 1960 and last saw him/her alive on Sept 23, 1960
Death occurred at 7:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>E Robert Thigp MD</u>		22b. ADDRESS <u>1222 W. Bee - K.C. MO</u>	22c. DATE SIGNED <u>9-24-1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-26-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>

24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>9-24-60</u>	26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>
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Woodland-Linwood

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF E. ROBERT THIGP M.D. MEDICAL CERTIFICATION DOCUMENT

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 Arthur Eugene Ho

Licensed Embalmer No. 4912

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.