

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017276

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2681

STATE FILE NUMBER

AMENDED

FILED JUN 12 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | | | | | |
|---|---|--|--|--|--|---|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| 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>61 yrs.</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| a. STATE <u>Mo.</u> | | b. COUNTY <u>Jackson</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | 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>ST. MARY'S HOSP.</u> | | | | d. STREET ADDRESS (If outside, give location) <u>5942 Paseo</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>ROSE</u> Middle <u>M.</u> Last <u>BADALI</u> | | | 4. DATE OF DEATH Month <u>May</u> Day <u>28</u> Year <u>1961</u> | | | | |
| 5. SEX <u>female</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>Aug. 3-1899</u> | 9. AGE (last birthday) <u>61</u> | IF UNDER 1 YEAR Months <u>61</u> | IF UNDER 24 HR. Days <u>61</u> Hours <u>61</u> Min. <u>61</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</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>Domineck Mazza</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Stasi</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Joseph Badali</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>-</u> | | 17. INFORMANT Address <u>Mr. Joseph Mazza-726 Forest</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 <u>3/17/58</u> | |
| IMMEDIATE CAUSE (a) <u>Malignant Lymphoma</u> | | | | | | | |
| DUE TO (b) _____ | | | | | | | |
| 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 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>8 a.m.</u> Month, Day, Year _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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>3/17/58</u> to <u>5/28/61</u> and last saw her <u>him</u> alive on <u>5/18/61</u> | | | | Death occurred at <u>9 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>G. Leitch</u> (Degree or title) <u>MD</u> | | | 22b. ADDRESS <u>5085 10-Bluegrass Ave</u> | | | 22c. DATE SIGNED <u>5/29/61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>5-31-61</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | | 23d. LOCATION (City, town, or county) <u>Kansas City</u> (State) <u>Mo.</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Melody-McGilley-Eyah 1800 E. Linwood</u> | | | 25. DATE RECD. BY LOCAL REG. <u>5-31-61</u> | | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> | | |

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 Wm H. Smith

Licensed Embalmer No. 05038

P. O. Address K. E. 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.