

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029119

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3927

STATE FILE NUMBER

FILED AUG 28 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)													
a. COUNTY Jackson				a. STATE Missouri b. COUNTY Jackson													
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 35 yrs		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2006 Central St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 321 W. 46th Terrace		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print)				First Edward		Middle John		Last Biggio		4. DATE OF DEATH		Month August		Day 6		Year 1961	
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-2-1898		9. AGE (last birthday) 63		IF UNDER 1 YEAR		IF UNDER 24 HR					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner				10b. KIND OF BUSINESS OR INDUSTRY Linotype service				11. BIRTHPLACE (City and state or country) Hoboken, New Jersey				12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME John Biggio				13b. MOTHER'S MAIDEN NAME Mary Referetti				14. NAME OF HUSBAND OR WIFE Pearl Biggio									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None				17. INFORMANT Mrs. Pearl Biggio, 321 W. 46th Terr. Mo.				Address K.C.									
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) Acute Coronary Occlusion 1 hr																	
DUE TO (b) Bronchial Pneumonia July 22-61 1 wk																	
DUE TO (c) Infection																	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None												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.) None									
20c. TIME OF INJURY		Hour		Month, Day, Year													
		a.m.		Aug 6 61													
		p.m.															
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 July 22-1961 to August and last saw her/him alive on Aug 5-61																	
Death occurred at about 3P. m on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE John Skinner MD						22b. ADDRESS K.C. Mo.						22c. DATE SIGNED 8-8-61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-9-1961		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				23d. LOCATION (City, town, or county) Kansas City, Mo.				(State)					
24. FUNERAL DIRECTOR Melody-McGilley-Eylar,				ADDRESS 20 W. Linwood K.C. Mo.				25. DATE RECD. BY LOCAL REG. 8-8-61				26. REGISTRAR'S SIGNATURE Luth Long					

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO.
SHOULD READ

Dr. D. B. Blyden
Big and Bldg.
VI. 2. 2010

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. Gentry*

Licensed Embalmer No. *5038*

P. O. Address *K. C. 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.