

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010235

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1611

FILED APR 5 1962

VS 300 Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Hugh H. Owens

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 27 yrs
 c. FULL NAME OF HOSPITAL OR INSTITUTION 451 Garfield Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 451 Garfield Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last BARBARA ANN ANELLO 4. DATE OF DEATH Month 3 Day 20 Year 62

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-3-1934 9. AGE (last birthday) 27 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Kansas City Mo 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Anthony Anello 13b. MOTHER'S MAIDEN NAME Congetta Conde 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Anthony Anello same Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Broncho Pneumonia INTERVAL BETWEEN ONSET AND DEATH
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) Cold 2 wks. and Hydrocephalus PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 _____ to _____ and last saw her him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens 22b. ADDRESS 152 Mission Station 22c. DATE SIGNED 3-21-62

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE 3-22-62 23c. NAME OF CEMETERY OR CREMATORY Mt St Marys 23d. LOCATION (City, town, or county) K.C. Mo.

24. FUNERAL DIRECTOR Sebbets ADDRESS K.C. Mo. 25. DATE RECD. BY LOCAL REG. 3-21-62 26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

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 Forest D. Celdanow

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.