

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23293

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3061

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) North Kansas City	
c. LENGTH OF STAY (in this place) 12 days		d. STREET ADDRESS (If rural, give location) 1400 E. 24th Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Research Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) Zenna c. (Last) Balotto			4. DATE OF DEATH (Month) (Day) (Year) July 11 1949		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH March 26, 1903		9. AGE (In years last birthday) 46		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Moberly Missouri	
12. CITIZEN OF WHAT COUNTRY? american					

13a. FATHER'S NAME Mike Tanine		13b. MOTHER'S MAIDEN NAME Lottie Mashburn		14. NAME OF HUSBAND OR WIFE Joe P. Balotto Balotto	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe P. Balotto N. K. C. Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism		II. OTHER SIGNIFICANT CONDITIONS				1 day	
ANTECEDENT CAUSES		DUE TO (b) Auricular fibrillation				10 days	
DUE TO (c) rheumatic heart disease						?	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-17-** 19 **43** to death, 19 **49**, that I last saw the deceased alive on **July 19, 1949**, and that death occurred at **11 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. H. Dunham MD (Degree or title)		23b. ADDRESS 2025 Swift N.K.C. Mo		23c. DATE SIGNED 7-13-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7-14-49		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 7-14-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Morton-Smith 832 Armour Rd. N.K.C. Mo	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.

WRITE PLAINLY—USING UNFADING INK

the underlying cause last. DUE TO (c) <u>Pneumonia</u>		etc. It means the disease, injury, or complication which caused death.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		416	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		New record	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP)		(COUNTY)	
(STATE)		7-15-49	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-17-43</u> , to <u>death</u> , that I last saw the deceased alive on <u>7-10</u> , 19 <u>49</u> , and that death occurred at <u>1:15</u> m., from the causes and on the date stated above.			
23a. SIGNATURE		(Degree or title)	
<u>[Signature]</u>		<u>MD</u>	
23b. ADDRESS		23c. DATE SIGNED	
<u>2025 Swygert NKC Mo</u>		<u>7/13/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
<u>Burial</u>		<u>7/14/49</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Forest Hill</u>		<u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
<u>7-14-49</u>		<u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>Morton-Smith</u>		<u>832 Armour Road</u> <u>North Kansas City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas

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 this body is not embalmed, fact should be so stated above.

State of Missouri

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 23293-49

County of Jackson

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 3061

On this 26th., day of March, 1958, before me appears

Joseph P. Baiotto, who, upon his oath, states that the original record of ~~birth~~ death

for Rose Zenna Baiotto ^{born} ~~died~~ 7-14-49, 19, in the State of Missouri, and which was filed at ^{Kansas} ~~Jefferson~~ City, Missouri on 7-14-49, 19, should be corrected as follows:

Item No. 3 should read Rose Zenna Baiotto

Instead of Rose Zenna Baiotto

Item No. 14 should read Joe P. Baiotto Baiotto

Instead of Joe P. Baiotto

Item No. 17 should read Joe P. Baiotto

Instead of Joe P. Baiotto

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Joseph P. Baiotto Husband

Relationship

1400 E 24 ave, No. 1

Present Address.

Subscribed and sworn to before me this 26th., day of March, 1958.

My Commission expires August 24, 1960 Bessie W. Smith Notary Public.

2. An item already amended once by affidavit cannot be amended again by affidavit. 3. A surname is changed by court order or by adoption or legitimation procedures.

