

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1134**  
**289**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Missouri</b>				b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>9 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>		③ <b>11</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Route # 5</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Domenick</b>			b. (Middle)		c. (Last) <b>Ferrara</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 18 50</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Aug 15, 1882</b>		9. AGE (In years last birth) (If under 1 year Months) (If under 11 hrs. Days) (Hours) (Min.) <b>67 07</b>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life and method) <b>gro. and restaurant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Independence, Mo</b>		11. BIRTHPLACE (State or foreign country) <b>Italy 5</b>			12. CITIZENSHIP OF WHAT COUNTRY <b>U. S.</b>	
13a. FATHER'S NAME <b>Anthony Ferrara</b>			13b. MOTHER'S MAIDEN NAME <b>Antonio LoCicero</b>			14. NAME OF HUSBAND OR WIFE <b>Marie Guzzardo Ferrara</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Marie Ferrara, Rt. 5, Independence Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sepsis (aerobacter aerogenes)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pyelo nephritis Due to same organism</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>						INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b> <b>19 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>0523</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <b>Jan 10, 1950</b> to <b>Jan 18, 1950</b> that I last saw the deceased alive on <b>Jan 18, 1950</b> , and that death occurred at <b>4:25 PM</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Martin J. Mueller</b> (Degree or title) <b>Martin J. Mueller M.D.</b>				23b. ADDRESS <b>9-34 Angelo Bldg, K.C. Mo</b>				23c. DATE SIGNED <b>1-20-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/21/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>			
DATE REC'D BY LOCAL REG. <b>1-20-50</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar K. C., Mo.</b>				

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

*alrobacter*  
*alrogenes*

**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 \_\_\_\_\_

*May W. Kirkendall*

Licensed Embalmer No. \_\_\_\_\_

*4632*

P. O. Address \_\_\_\_\_

*D. C. Md.*

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.