S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4856

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 447

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 405 N. Prospect

304 8

3. NAME OF DECEASED (Type or Print)
a. (First) SAM
b. (Middle) GUNTA
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) 1-29-50

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-31-1888
9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Pasquale Gunta
13b. MOTHER'S MAIDEN NAME Carmela Pulio
14. NAME OF ~~HUSBAND~~ OR WIFE Rose Gunta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 495-03-6557
17. INFORMANT'S SIGNATURE OR NAME Rose Gunta
ADDRESS 405 N. Prospect

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) Heart failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pneumonia

DUE TO (c) Gangrenous appendicitis Gall bladder

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis (no stones) 585 A

19a. DATE OF OPERATION 1-13-50
19b. MAJOR FINDINGS OF OPERATION Gall Bladder removal
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-11, 1950, *to* 1-29, 1950, *that I last saw the deceased alive on* 1-28, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Walter Holbrook (Degree or title) Walter Holbrook M.D.
23b. ADDRESS 1132 Prof. Bldg.
23c. DATE SIGNED 1-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Buria L.R.
24b. DATE 2-1-50
24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cem.
24d. LOCATION (City, town, or county) KC — (State) Mo

DATE REC'D BY LOCAL REG. 1-31-50
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Passantino Bros
ADDRESS KC-Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr W Holbrook
Professional Bldg
Ha 7707
11 to 3 pm.

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 Francis L. Walton

Licensed Embalmer No. 2744

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