

20152

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2640

FILED JUL 1 1950

BIRTH NO. 34283-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH		d. STREET ADDRESS (If rural, give location) 3219 E 6th St. 318A	

3. NAME OF DECEASED a. (First) FRANK b. (Middle) DANNA c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 6 13 50		
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 6/12/50	9. AGE (In years last birthday) 1 day 12 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KANSAS CITY MO	
13a. FATHER'S NAME MIKE DANNA			13b. MOTHER'S MAIDEN NAME MARY SPERO		14. NAME OF HUSBAND OR WIFE DADY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MIKE DANNA 3219 E 6th St		ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stalectasis		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) Premature birth (90 wks)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 6-12, 1950, to 6-13, 1950, that I last saw the deceased alive on 6-13, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Richard G. Holman (Describe title)	23b. ADDRESS 620 Prof Rdg	23c. DATE SIGNED 6-13-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6/14/50	24c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S	24d. LOCATION (City, town, or county) (State) K.C. MO.
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DATE REC'D BY LOCAL REG. 6-14-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PASSANTINO BROS. K.C. MO
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 200  
10-48

**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 Walter*

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.