

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1114

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 312

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Hosp		d. STREET ADDRESS (If rural, give location) 701 Olive 2110	
3. NAME OF DECEASED (Type or Print) a. (First) Baldassarro b. (Middle) Ferrara c. (Last) Ferrara		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-21-79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) San Buca's Italy
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Cologero Ferrara	
13b. MOTHER'S MAIDEN NAME Montalano		14. NAME OF HUSBAND OR WIFE Marie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theresa Ferrara 701 Olive

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia		INTERVAL BETWEEN ONSET AND DEATH
		2. ANTECEDENT CAUSES DUE TO (b) cerebral thrombosis DUE TO (c) coronary occlusion a		
		3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial pneumonia		4. H20!

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 Jan. 17, 1951, to Jan. 21, 1951, that I last saw the deceased alive on Jan. 21, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Harry B. Cohen (Degree of title) M.D.	23b. ADDRESS 318 Argyle Bldg. City	23c. DATE SIGNED 1/23/51
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 1-24-51	24c. NAME OF CEMETERY OR CREMATORY St Mary's
24d. LOCATION (City, town, or county) K.C. Mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Joseph B. Leggett K.C. Mo	
DATE REC'D BY LOCAL REG. 1-23-51	REGISTRAR'S SIGNATURE Geraldine Holmes	

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

Dr Harry K. Cole
No 4773
318 Argyle

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.....
Student Embalmer

Signed

Licensed Embalmer No. 4773

P. O. Address. KCMO

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.