

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8279

State File No. ....

1285

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>a. STATE <u>MO</u><br>b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>  |  |
| c. LENGTH OF STAY (If this place)<br><u>48 yrs</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>209 Park</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>General Hosp # 1</u>                         |  | 3100  |  |

|  |                                |   |  |   |  |
|--|--------------------------------|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>GUISEPPINA</u><br>b. (Middle) <u>(JOSIE)</u><br>c. (Last) <u>BROCATO</u> |                                |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>3-18-52</u> |   |  |
| 5. SEX<br><u>F</u>   | 6. COLOR OR RACE<br><u>Wh.</u> | 7. MARRIED, NEAR MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>July 5, 1884</u>                    |   | 9. AGE (In years last birthday)<br><u>67</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>None</u>                       |                                | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>---</u>                         |  | 11. BIRTHPLACE (State or foreign country)<br><u>Italy</u> |  |
| 12. CITIZENSHIP OF WHAT COUNTRY<br><u>U.S.A.</u>   |                                |   |  |   |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><u>Vito de Benadetta</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Giovanna Iusa</u> |  | 13c. NAME OF HUSBAND OR WIFE<br><u>Joseph Brocato</u>                         |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |  | 16. SOCIAL SECURITY NO.<br><u>none</u>            |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Dominick Brocato 209 Park</u> |  |

|  |  |   |  |                                  |  |
|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>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) <u>Fractured skull fracture</u>   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | <u>8 1/2 H</u><br><u>25</u>      |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>both femurs</u><br>DUE TO (c) <u>Fractures tibia</u> |  |                                  |  |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>Post Ruptured</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|---|

|  |   |  |
|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>Accident</u>              | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Street</u>         | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Kansas City Jackson MO</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>3-18-52 7:30 A</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><u>Car struck Pedestrian</u>                       |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |  |  |   |                                    |  |
|--|--|--|---|------------------------------------|--|
| 23. SIGNATURE<br><u>High A Owens</u> (Degree or title)     |  | 23b. ADDRESS<br><u>1034 Oak St</u>                         |   | 23c. DATE SIGNED<br><u>3-18-52</u> |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>3-21-52</u>                      | 24c. NAME OF CEMETERY OR CREMATORY<br><u>St Marys</u>      | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Mo</u> |                                    |  |
| DATE REC'D BY LOCAL REG.<br><u>3-18-52</u>                 | REGISTRAR'S SIGNATURE<br><u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Passantino Bros</u> |   | ADDRESS<br><u>St. Mo</u>           |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

FILED MAR 29 1952

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**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 S. Waeton* .....

Licensed Embalmer No. *2744* .....

P. O. Address *KC 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.