

STANDARD CERTIFICATE OF DEATH

16316
1963
State File No.

No. 300
10-48

FILED MAY 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON 0</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JACKSON 355</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 465</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY MO. 0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1320 E 37th ST 55</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>COX</u> c. (Last) <u>BELLANTE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 29 52</u>				
5. SEX <u>MALE 0</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 29 1907</u>	
9. AGE (In years last birthday) <u>45</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WAITER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MO 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>SAM BELLANTE</u>		13b. MOTHER'S MAIDEN NAME <u>CONGETTA DESPENZA</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE BELLANTE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>487-09-3241</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOC BELLANTE 718 E 73rd ST.</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LOBAR PNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SUBARACHNOID HEMORRAGE 9 days</u> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>330A</u>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____	
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 <u>Dec 29, 1951</u> , to <u>4-29-1952</u> , that I last saw the deceased alive on <u>4-29, 1952</u> , and that death occurred at <u>7:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John A. Graves</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>7329 BROADWAY</u>		23c. DATE SIGNED <u>4-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. ST. MARYS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>4-30-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PASSANTINO BROS M.C. MO</u>			

(Licensed Embalmers' Statement on Reverse Side) †

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

50 2434

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. Walton

Licensed Embalmer No. 2744

P. O. Address LC 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.