

8-2-52  
FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28303  
Registrar's No. 3472

|   |  |   |   |   |  |  |  |
|---|--|---|---|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>   |   | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. <u>3472</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u> <u>0</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>  |  | c. LENGTH OF STAY (In this place)<br><u>43 yrs</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>333 Park</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>   |  |   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>7</u> <u>30</u> <u>52</u>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Batiste</u>  |  | b. (Middle) <u>G.</u>   |   | c. (Last) <u>Sollami</u>  |  | 5. SEX <u>M</u>  |  |
| 6. COLOR OR RACE <u>WH</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u>  |   | 8. DATE OF BIRTH<br><u>DEC 13-1886</u>  |  | 9. AGE (In years last birthday) <u>65</u><br># UNDER 1 YEAR Months   Days   # UNDER 24 HRS. Hours   Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>LABOR</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>---</u>   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>ITALY</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA.</u>  |  |
| 13a. FATHER'S NAME<br><u>GEROME SOLLAMI</u>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u> |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>DOROTHEA SOLLAMI</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>492-14-4270</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>DOROTHEA SOLLAMI 333 PARK</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple infarcts-Spleen, kidney, ileum and sigmoid and Bronchopneumonia</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Recent coronary occlusion and infarction</u> |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2981</u>  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |   |   |  |  | 20. AUTOPSY?<br>YES <input checked="" 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) (Min.)   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |
| 21d. TIME OF INJURY   |  | 21f. HOW DID INJURY OCCUR?  |   |   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>July 19</u> , 19 <u>52</u> , to <u>July 30</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>July 30</u> , 19 <u>52</u> , and that death occurred at <u>1:20Pm.</u> , from the causes and on the date stated above. |  |   |   |   |  |  |  |
| 23a. SIGNATURE<br><u>B.I. Burns</u> (Degree or title)   |  |   |   | 23b. ADDRESS<br><u>24th &amp; Cherry</u>  |  | 23c. DATE SIGNED<br><u>7-31-52</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |  | 24b. DATE<br><u>AUG 2-1952</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>ST. MARY'S</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>KANSAS CITY - MO</u>                                 |  |
| DATE REC'D BY LOCAL REG.<br><u>8-2-52</u>   |  | REGISTRAR'S SIGNATURE<br><u>Geraldine Holmes</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>PASSANTINO BROS</u>  |  | ADDRESS<br><u>KC MO</u>  |  |

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

*A note*

**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 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.