V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38608

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4888

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 724 Harrison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City Mo
d. STREET ADDRESS (If rural, give location) 724 Harrison 3138

3. NAME OF DECEASED (Type or Print) a. (First) Baldasaro b. (Middle) c. (Last) Daleo

4. DATE OF DEATH (Month) (Day) (Year) 11-6-52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct 15-1880
9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bakery Salesman
10b. KIND OF BUSINESS OR INDUSTRY Daleo Baking Co
11. BIRTHPLACE (City and State or Foreign Country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Nugent Daleo
13b. MOTHER'S MAIDEN NAME Francesca Giglione
14. NAME OF HUSBAND OR WIFE Margarete

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Margarete Daleo
ADDRESS 724 Harrison

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coxemia — INTERVAL BETWEEN ONSET AND DEATH 10/1/52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Colon 2/5/51
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

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19a. DATE OF OPERATION 1951
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 1951, to 11-6, 1952 that I last saw the deceased alive on 11-6, 1952 and that death occurred at 3A m., from the causes and on the date stated above.

23a. SIGNATURE A. Saladino MD (Degree or title) A. Saladino, MD
23b. ADDRESS 1040 Argyle
23c. DATE SIGNED 11-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-8-52
24c. NAME OF CEMETERY OR CREMATORY St Marys
24d. LOCATION (City, town or county) (State) KC Mo

DATE REC'D BY LOCAL REG. 11-8-52
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE Peter B Logelina
ADDRESS KC Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Peter B. Lagetuna

Licensed Embalmer No. 4273

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.