

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42259**
5294

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

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 OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Mo	
c. LENGTH OF STAY (If in place) 35 yrs		d. STREET ADDRESS (If rural, give location) 401 Norton 5060	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) FERRANTELLI c. (Last) FERRANTELLI	4. DATE OF DEATH (Month) (Day) (Year) 12-2-52
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5. SEX M	6. COLOR OR RACE wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 29, 1878	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Italy	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Ferrantelli	13b. MOTHER'S MAIDEN NAME Mary Nichols	14. NAME OF MARRIAGE OR WIFE Agnes Ferrantelli
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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 Margaret Santoro ADDRESS 401 Norton
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH (1 year)
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death and related to the disease or condition causing death. Chronic Bronchopneumonia		10/27/52	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT _____ WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **10/29/52** to **12/2/52**, that I last saw the deceased alive on **12/2/52**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.G. Leitch MD	23b. ADDRESS 1010 P. of Bldg. 1st Flr	23c. DATE SIGNED 12/3/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-5-52	24c. NAME OF CEMETERY OR CREMATORY St Mary Cem	24d. LOCATION (City, town, or county) (State) Kansas City MO
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DATE REC'D BY LOCAL REG. 12-4-52	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Ferrantelli Bros ADDRESS KE MO
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(Licensed Embalmer's Statement on Reverse Side)

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

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

John Salmon

Licensed Embalmer No.

4531

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.