

44488

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5652

No. 300
10.48

FILED JAN 17 1953

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 (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 1913	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION POLYCLINIC HOSP		d. STREET ADDRESS (If rural, give location) 531 TROOST 3038	

3. NAME OF DECEASED (Type or Print)	a. (First) NUNZIO	b. (Middle)	c. (Last) DE FEO	4. DATE OF DEATH (Month) (Day) (Year)
				12 23 52

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH MAR 25 1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF 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) LABORER	10b. KIND OF BUSINESS OR INDUSTRY CITY GOVT	11. BIRTHPLACE (State or foreign country) ITALY 5	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN DE FEO	13b. MOTHER'S MAIDEN NAME SANTINA	14. NAME OF HUSBAND OR WIFE Susanna De Leo
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN DE FEO 531 TROOST K.C.MO
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Myocarditis	
	ANTECEDENT CAUSES	Arterio Sclerosis	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Coronary Sclerosis	4201
		DUE TO (c) Chronic Interstitial Nephritis	
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21d	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"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from Nov 20th 1952, to Dec 23rd 1952, that I last saw the deceased alive on Dec 23rd 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Anthony J. Scimaca (Degree or title)	23b. ADDRESS 2624 Independence Blvd	23c. DATE SIGNED 12-24-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-26-52	24c. NAME OF CEMETERY OR CREMATORY MT ST MARY'S	24d. LOCATION (City, town, or county) (State) K.C. MO
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DATE REC'D BY LOCAL REG. 12-26-52	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEBBETO'S CITY
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(Licensed Embalmer's Statement on Reverse Side)

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

Lo 4503

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

Ernest D. Caldwell

Licensed Embalmer No. 4714

P. O. Address Kansas City, Missouri

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.