0.300
0.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1349

FILED FEB 14 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 425

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) 57 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Trinity Lutheran Hosp

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
d. STREET ADDRESS (If rural, give location) 538 Olive 2 100 0

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) CATANZARO c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) 1-21-53
5. SEX F
6. COLOR OR RACE Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 15, 1895
9. AGE (In years last birthday) 57 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Kansas city Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Dominik Molinaro
13b. MOTHER'S MAIDEN NAME Nicoletta Giglio
14. NAME OF HUSBAND OR WIFE Paul Catanzaro
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 Pete Mandacuna ADDRESS 540 Olive

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) Carcinoma of Left Breast, Metastatic — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) — 170X

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Myocarditis — Unknown

19a. DATE OF OPERATION May 5, 1952
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Left Breast, Metastatic
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* April 29, 1952, *to* January 21, 1953, *that I last saw the deceased alive on* January 21, 1953, *and that death occurred at* 2:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Paul N. Johnstone (Degree or title) MD — Paul N. Johnstone, M.D.
23b. ADDRESS 1110 Bryant Bldg Kansas City, Mo.
23c. DATE SIGNED January 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-24-53
24c. NAME OF CEMETERY OR CREMATORY St Mary's Cem
24d. LOCATION (City, town, or county) (State) Kansas city

DATE REC'D BY LOCAL REG 1-22-53
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE Passantino Bros ADDRESS KC Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr Paul Johnstone
Bryant Bldg
Gr 5432

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 K C, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.