V.S. No. 300
Rev. 10.48

FILED FEB 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1587
442

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

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): 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or township): 1900 Linwood Blvd

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 16
d. STREET ADDRESS (If rural, give location): 8210 Indep. ave

3. NAME OF DECEASED (Type or Print)
a. (First): SANTA
b. (Middle): Maria
c. (Last): POLLARO

4. DATE OF DEATH (Month) (Day) (Year): 1-22-53

5. SEX: F 1
6. COLOR OR RACE: Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 2-4-1879
9. AGE (In years last birthday): 73
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): Home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Italy
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Anthony Bilello
13b. MOTHER'S MAIDEN NAME: Vincenza Manisalci
14. NAME OF HUSBAND OR WIFE: Louis Pollaro

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: Sarah Picarico
ADDRESS: 8210 Indep Ave

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension — 3 Years
DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
33 1/4

19a. DATE OF OPERATION: ____
19b. MAJOR FINDINGS OF OPERATION: ____
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* June 1952, *to* Jan 22, 1953, *that I last saw the deceased alive on* Jan 22, 1953, *and that death occurred at* 9 45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. A. Murren
(Degree or title) D.O.S.
23b. ADDRESS 510-12th Walnut St Bldg
23c. DATE SIGNED 1-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-26-53
24c. NAME OF CEMETERY OR CREMATORY: St Mary's Cem.
24d. LOCATION (City, town, or county) (State): Kansas city Mo

DATE REC'D BY LOCAL REG.: 1-23-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Passantino Bros
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 John R. Sidmon

Licensed Embalmer No. 4531

P. O. Address Kansas City, 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.

F.W.
2844