

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31678**
4539

FILED OCT 15 1953
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 <u>Jackson County since 1939</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City Mo.</u>		c. CITY OR TOWN <u>Kansas City Mo.</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. Is Residence within limits of city or incorporated town? <input type="checkbox"/> No <input type="checkbox"/> Yes	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>546 Gillis</u> 3038 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vincent</u> b. (Middle) _____ c. (Last) <u>Balsano</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 16 53</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>May 21, 1905</u>	
9. AGE (In years last birthday) <u>48</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>Stationary Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ice Service Co.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>ITALY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Raffaele Balsano</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Gabriele</u>	
14. NAME OF HUSBAND OR WIFE <u>Frances Balsano</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>507-07-5610</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Frances Balsano</u>		ADDRESS <u>546 Gillis K.C. Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pleural Effusion</u> DUE TO (c) <u>Carcinoma of prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-11</u> , 19 <u>53</u> , to <u>9-16</u> , <u>53</u> , that I last saw the deceased <u>alive on 9-16, 1953</u> and that death occurred at <u>9:20 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>T.W. Fowler, D.O.</u>		23b. ADDRESS <u>3201 1/2 E 12th St</u>	
23c. DATE SIGNED <u>9-18-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/19/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-19-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sebbeto Funeral Home</u>		ADDRESS <u>K. C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Re 5-576

~~Re 4-00~~

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.....
Signature of Student Embalmer

Signed *Forrest D. Goldenow*.....

Licensed Embalmer No. *4914*.....

P. O. Address *156 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.