

STANDARD CERTIFICATE OF DEATH

38950

State File No.

5385

FILED DEC 2-1953

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5385</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (to this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		3108			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2114 Elma</u>				d. STREET ADDRESS (If rural, give location) <u>17 2114 Elma</u>					
3. NAME OF DECEASED (Type or Print) <u>VINCENZO</u>			a. (First)		b. (Middle)		c. (Last) <u>BIANCO</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>wh.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-6-1874</u>		9. AGE (In years last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired ice man</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Joe Bianco</u>			13b. FATHER'S MAIDEN NAME <u>Rosaria Messina</u>			14. NAME OF HUSBAND OR WIFE <u>Katherine Bianco</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Bianco</u>				ADDRESS <u>KE 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>COXEMIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11-5-11-12</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute double lobar</u>				<u>11-5-12</u>	
				DUE TO (c) <u>Pneumonia</u>				<u>(five) 12</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>490X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		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>11/5</u> , 19 <u>53</u> , to <u>11-12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11/12</u> , 19 <u>53</u> and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE A. <u>Saladino</u> (Degree or title)				23b. ADDRESS <u>1040 Ogden</u>				23c. DATE SIGNED <u>11-13-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-16-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Marys Cem</u>		24d. LOCATION (City, town, or county) <u>Kansas City MO</u>		(State)	
DATE REC'D BY LOCAL REG. <u>11-14-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Marantino Bros</u>			ADDRESS <u>KE MO</u>	

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

DR SALADINO
194 LE BLDG
V10286

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 *F. S. Maeton*

Licensed Embalmer No. *2744*

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.