

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12227
State File No. 1737

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

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. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>21 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>330 Wabash 3100</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LENA</u>	b. (Middle) <u>(PATI)</u>	c. (Last) <u>SIRAGUSA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-17-1954</u>
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5. SEX <u>F</u>	6. COLOR OF RACE <u>wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (By City) <u>Married</u>	8. DATE OF BIRTH <u>6-3-1904</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</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>
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13a. FATHER'S NAME <u>Lucido</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Lombardi</u>	14. NAME OF HUSBAND OR WIFE <u>Tom Siragusa</u>
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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>49120-0727</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tom Siragusa</u>	ADDRESS <u>EC MO</u>
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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, asthma, 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) <u>acute Pulmonary Edema</u>		<u>4 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>congestive cardiac insu-</u> <u>cardia</u> DUE TO (c) <u>coronary arterio-sclerosis</u> <u>chronic glomerulonephritis</u> <u>diabetic mellitus</u>		<u>5 weeks</u> <u>6 months</u> <u>1 year</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	<u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from March 19, 1954, to April 17, 1954, that I last saw the deceased alive on April 17, 1954, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. C. Cacioppo</u> (Degree or title) <u>D. O. T.</u>	23b. ADDRESS <u>3622 Ingham, and Kansas City, Mo</u>	23c. DATE SIGNED <u>April 17, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-19-1954</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Mt Olivet Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, MO</u>
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DATE REC'D BY LOCAL REG. <u>4-17-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Trasantlers Bros</u>	ADDRESS <u>EC MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *J. C. Passantino*.....

Licensed Embalmer No. *455*.....

P. O. Address *KE 700*.....

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.