

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27016

State File No. 3752

0.300

0.48

FILED AUG 27 1954

BIRTH NO.		REG. DIST. NO. <u>149</u>	PRIMARY-REG. -DIST. NO. <u>1002</u>	Registrar's No. <u>3752</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</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 township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>53 yrs.</u>	c. CITY OR TOWN <u>Kansas City</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>2930 Quincy</u>		f. STREET ADDRESS (If rural, give location) <u>2930 Quincy</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle)	c. (Last) <u>ALBANO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 1 54</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 16, 1871</u>	9. AGE (in years last birthday) <u>82</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Fruit Business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>CARL ALBANO</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown BOSTINA</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Albano</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> </u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roxie Albano-3332 Woodland-Kansas City, Mo</u>	
18. CAUSE OF DEATH* Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		DUE TO (b) <u>Congestive Heart Failure</u>		<u>7 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Cerebral Vase Accident</u>		<u>1 year</u>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> 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>July 31, 1954</u> , to <u>Aug 1, 1954</u> , that I last saw the deceased alive on <u>July 31, 1954</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Lyman W. Lais</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1105 Grand</u>		23c. DATE SIGNED <u>8-1-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8/4/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-2-54</u>	REGISTRAR'S SIGNATURE <u>Shaldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar-Kansas City, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

OK

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 *James E. Karlson*

Licensed Embalmer No. *45*

P. O. Address *K. O. G.*

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.