

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8094**
1013

FILED MAR 22 1955

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Kansas city	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		STREET ADDRESS (If rural, give location) 5202 Wabash	

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) SALVATORE c. (Last) Belfonte	4. DATE OF DEATH (Month) (Day) (Year) 3 6 1955
5. SEX MALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 3/5/55 9. AGE (In years last birthday) 2 10. IF UNDER 1 YEAR Months 2 11. IF UNDER 24 HRS. Hours 20 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City, and State or Foreign Country) K.C. Mo.	12. CITIZENSHIP OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Vito Belfonte	13b. MOTHER'S MAIDEN NAME EVA MARGARET Beberony	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Vito Belfonte ADDRESS 5202 Wabash

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) Immaturity	DUE TO (b) premature labor at 5 1/2 months gestation, due to abruptio placenta, partial		7 1/2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____
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 3/5, 1955, to 3/6, 1955, that I last saw the deceased alive on 3/6, 1955, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE Hugh G. Hamilton (Degree or title) Hugh G. Hamilton, M.D.	23b. ADDRESS 1107 Bryant Bldg, K.C. Mo	23c. DATE SIGNED 3/6/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-7-55	24c. NAME OF CEMETERY OR CREMATORY Mt St Marys	24d. LOCATION (City, town, or county) (State) K.C. Mo
DATE REC'D BY LOCAL REG. 3-6-55	REGISTRAR'S SIGNATURE neve Minshall	25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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 *Ferris D. Calder*.....

Licensed Embalmer No. *47*.....

P. O. Address *R.C.*.....

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.