

FILED APR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8353**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. **1250**

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 (in this place) <u>67 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>2810 E 9TH ST</u>		STREET ADDRESS (If rural, give location) <u>18 2810 E 9TH ST. 3180</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PIETRO</u> b. (Middle) <u>PAKERMO</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>3-18-1955</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>1-5-1872</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRODUCE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ITALY</u>
13a. FATHER'S NAME <u>CARLO PAKERMO</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE SANGETTA</u>	14. NAME OF HUSBAND OR WIFE <u>MARIA PAKERMO</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>UNK.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARIA PAKERMO</u>	
		ADDRESS <u>2810 E 9TH ST</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>COXEMIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3/13/55</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>diabetes mellitus</u> DUE TO (c) <u>arterio sclerosis</u>		<u>12/4/54</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>260X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 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 12-4, 1954, to 3-17, 1955, that I last saw the deceased alive on 19, and that death occurred at — m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <u>A. Saladino</u>	(Degree or title)	23b. ADDRESS <u>1040 Olive</u>	23c. DATE SIGNED <u>3-19-55</u>
---	-------------------	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-21-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>
DATE REC'D BY LOCAL REG. <u>3-19-55</u>	REGISTRAR'S SIGNATURE <u>new minshell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PASSANTINO BROS KC MO</u>	

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 *Leonard Passantino*.....

Licensed Embalmer No. *455*

P. O. Address *Ke, 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.