

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11887

State File No. ....

1580

FILED APR 28 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>46 YRS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>110 OLIVE ST. 310<sup>th</sup></u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>BIVONA</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 7, 1955</u>		
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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>SEPT 15, 1892</u>	9. AGE (In years last birthday) <u>62</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 12 months, or if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Parti-Lord Co. ITALY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>5</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOSEPH BIVONA</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA SCATURRA</u>	14. NAME OF HUSBAND OR WIFE <u>LENA BIVONA</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-12-2236</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LENA BIVONA</u> ADDRESS <u>Ke MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>153 X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA COLON</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>General carcinoma</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. TYPE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 October 1951, to April 7, 1955, that I last saw the deceased alive on April 7, 1955, and that death occurred at 12:30p, from the causes and on the date stated above.

23a. SIGNATURE <u>D. R. Black</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>924 Professional Bldg.</u>	23c. DATE SIGNED <u>4/8/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-11-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST MARY'S 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>4-9-55</u>	REGISTRAR'S SIGNATURE <u>E. Mearns</u>	FUNERAL DIRECTOR'S SIGNATURE <u>FASSANTINO Bros</u> ADDRESS <u>Ke Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
D. R. Black MD

DR D. BLACK  
Professional Bldg.

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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

Signature *Leonard C. Passantino*

Licensed Embalmer No. *45*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.