

FILED JUN 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15360

State File No. ....

BIRTH NO. .... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2073

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>52 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>Reserub Hospital</u>			STREET ADDRESS (If rural, give location) <u>510 3710 Bellfontaine</u>		
3. NAME OF DECEASED a. (First) <u>SAMUEL</u> (Type or Print)			b. (Middle) <u>(SAM)</u>	c. (Last) <u>BEGULIO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-11-1955</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>11-24-1902</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practice man</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Anthony Begulio</u>		13b. MOTHER'S MAIDEN NAME <u>Mamie Leonado</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Begulio</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>499-26-5167</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nellie Begulio 3710 Bellfontaine</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) <u>Coronary occlusion</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>Apr 24</u> , 19 <u>54</u> , to <u>May 11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 11</u> , 19 <u>55</u> and that death occurred at <u>m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Don A. Black</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>924 Professional Bldg.</u>		23c. DATE SIGNED <u>5/13/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-14-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Marys Care</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-13-55</u>	REGISTRAR'S SIGNATURE <u>Mera Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pasantino Bros KC Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

*D. D. BLACK*  
*PROFESSIONAL*  
*21.8481*

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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

Signed

*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.  
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.