

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18997**
2548

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 MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL, and give township) Kansas City	c. LENGTH OF STAY (in this place) 4 1/2 yrs	c. CITY OR TOWN Kansas City	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 1015 Pacific St		STREET ADDRESS (If rural, give location) 3 1015 Pacific St 302	

3. NAME OF DECEASED (Type or Print)	a. (First) Joe	b. (Middle) Tosta	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 6 13 55
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5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-19-1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marion Tosta	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE MARY TESTA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Marion Tosta
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) None		ADDRESS 1015 Pacific KC MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Collapse		INTERVAL BETWEEN ONSET AND DEATH 8 hrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute Cholecystitis DUE TO (c) Chronic cholelithiasis		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		

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 **6-10**, 19**55**, to **6-12**, 19**55**, that I last saw the deceased alive on **6-12**, 19**55**, and that death occurred at **5:10 AM.**, from the causes and on the date stated above.

23a. SIGNATURE Carl J. Lombardino	(Degree or title) D.O.	23b. ADDRESS 4949 Swope Parkway	23c. DATE SIGNED 6-13-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-16-1955	24c. NAME OF CEMETERY OR CREMATORY Mt St Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City MO
DATE REC'D BY LOCAL REG. 6-14-55	REGISTRAR'S SIGNATURE neva munsell	25. FUNERAL DIRECTOR'S SIGNATURE Passantino Bros	ADDRESS KC MO

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Carl J. Lombardino

DN: CJ Lombardino
4949 Swope Parkway
Wa 7383
after 1 P.m.

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 Passantini

Licensed Embalmer No. 45

P. O. Address KC 70

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.