

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4566

State File No. _____

280

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|--|--|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | | | |
| a. COUNTY Jackson | | b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. LENGTH OF STAY (in this place) 55 yrs | | c. CITY OR TOWN Kansas City | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1 | | | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | • STREET ADDRESS (If rural, give location) 535 Forest | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Mary | | b. (Middle) | | c. (Last) Acerno | | | |
| 4. DATE OF DEATH | | (Month) | | (Day) | | (Year) | | | |
| | | 1 | | 19 | | 1956 | | | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow | | 8. DATE OF BIRTH Nov 16, 1876 | | | |
| 9. AGE (In years last birthday) 79 | | IF UNDER 1 YEAR Months | | IF UNDER 1 HR. Hours | | IF UNDER 15 MIN. Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seamstress | | | | 10b. KIND OF BUSINESS OR INDUSTRY clothing | | 11. BIRTHPLACE (City and State or Foreign Country) Italy | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | 13a. FATHER'S NAME Francesco Saponaro | | 13b. MOTHER'S MAIDEN NAME Unknown | | | |
| 14. NAME OF HUSBAND OR WIFE Canio Acerno | | | | 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. 195-05-4409 | | | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs Rose Pistone | | | | ADDRESS 535 Forest | | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia | | | | ANTECEDENT CAUSES | | | | DUE TO (b) | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (c) | | | | DUE TO (d) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | Fracture of left hip | | | | 29040 | |
| 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) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Above address | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Missouri | | | | | |
| 21d. TIME OF INJURY 11 11 55 A.m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Fall in home | | | | | |
| 22. I hereby certify that I attended the deceased from Nov. 11, 1955 , to Jan. 19, 1956 , that I last saw the deceased <input checked="" type="checkbox"/> alive on Jan. 19, 1956 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <i>B.I. Burns, M.D.</i> | | | | B.I. Burns (Degree or title)? | | 23b. ADDRESS 24th & Cherry Sts. | | 23c. DATE SIGNED 1-20-56 | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) Burial | | 24b. DATE 1-23-56 | | 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. 1-21-56 | | REGISTRAR'S SIGNATURE <i>Neva Marshall</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE SEBBETO'S | | ADDRESS K. C. MO. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

b. 300
b. 48

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..... *Forest D. Caldwell*

Licensed Embalmer No. *421*.....

P. O. Address *150 W*.....

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.