

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300  
10.48

FILED FEB 18 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 433

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 OR TOWN <u>Kansas City</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Kansas City</u> <small>d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp.</u>		STREET ADDRESS (If rural, give location) <u>3780 4436 E 54<sup>th</sup> Terr</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>F</u> c. (Last) <u>ODDO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-26-1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 17, 1900</u>	9. AGE (In years last birthday) <u>56</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 most of working life, even if retired) <u>Industrial Helper</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Pa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Victor Oddo</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Palomitto</u>	14. NAME OF HUSBAND OR WIFE <u>Josephine Oddo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>496-03-0830</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Josephine Oddo</u> ADDRESS <u>4436 E. 54th Terr.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Tongue &amp; Larynx</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 1/2 yrs</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) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>2</u>
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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 6-6-, 1946, to 1-26, 1957, that I last saw the deceased alive on 1-26-, 1957, and that death occurred at 11 3/4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. N. Altringer, M.D.</u> (Degree or title) D	23b. ADDRESS <u>305 W 43</u>	23c. DATE SIGNED <u>1-28-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-29-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Marys 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>1-29-57</u>	REGISTRAR'S SIGNATURE <u>neval minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Passantino Bros</u> ADDRESS <u>KC mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD  
A. N. Altringer

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. *4554*

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.