

STANDARD CERTIFICATE OF DEATH

31867

STATE FILE NUMBER

FILED OCT 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4298

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN RAYTOWN 1000		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE ROSEBUSH HOSPITAL CURTIS NURSING HOME			Length of stay in lb 2 days 46 years		d. STREET ADDRESS 6120 ELM STREET		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First CATERINA Middle GENTILUOMO Last GENTILUOMO				4. DATE OF DEATH Month SEPT Day 12 Year 1957					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH NOV. 27-1890		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) CASTELVETRANO ITALY		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JOHN CALIA			13b. MOTHER'S MAIDEN NAME MARIA LA GRASSA			14. NAME OF HUSBAND OR WIFE JOHN GENTILUOMO			
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. NONE		17. INFORMANT Address 6120 ELM STREET, RAYTOWN, MISSOURI MRS. JENNIE PASSIGLIA				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemiplegia Rt. foot & leg.							INTERVAL BETWEEN ONSET AND DEATH 3 Months		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Generalized Arterial Sclerosis				10 years			
		DUE TO (c) Diabetes Mellitus.				18 years.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from 7/30/56 to 9/10/12/57 and last saw her alive on 9/11/1957 Death occurred at Raytown, Mo. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE H. S. Biggs, M.D. (Degree or title)				22b. ADDRESS Raytown, Mo.			22c. DATE SIGNED 9/13/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEPT-16-1957	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY			23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI (State)			
24. FUNERAL DIRECTOR D.W. NEWCOMB'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 9-16-57		26. REGISTRAR'S SIGNATURE Neva Marshall				

001-3710



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 Chester K Brown

Licensed Embalmer No. 4931

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.