

FILED NOV 14 1957

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

300
1-57

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, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH Hosp.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>116 E 43RD</u>	
Length of stay in lb <u>23 Mo.</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANCES SUZANNE MONTELEONE</u>			4. DATE OF DEATH Month Day Year <u>10-25-1957</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-1-1955</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>		9b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) <u>KE, MO</u>
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>		10d. KIND OF BUSINESS OR INDUSTRY —	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>ANTHONY MONTELEONE</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES HOBBS</u>	14. NAME OF HUSBAND OR WIFE —
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>NONE</u>	17. INFORMANT Address <u>ANTHONY MONTELEONE KE MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute broncho-pneumonia:</u> DUE TO (b) <u>Dilatation, cardiac</u> DUE TO (c) <u>probably meningococcal septicemia</u> PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>0571</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
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 Month, Day, Year o.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 <u>10-25-57</u> to <u>10-25-57</u> and last saw her/him alive on <u>10-25-57 (10 am)</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Kathleen W. Swanick</u>		22b. ADDRESS <u>411 Nichols Rd.</u>	
22c. DATE SIGNED <u>10/26/57</u>		23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>SERIAL</u>	
23b. DATE <u>10-28-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>	
23d. LOCATION (City, town, or county) <u>KANSAS CITY, MO</u>		(State)	
24. FUNERAL DIRECTOR <u>PASSANTINO BROS</u>		ADDRESS <u>KE MO</u>	
25. DATE RECD. BY LOCAL REG. <u>10-26-57</u>		26. REGISTRAR'S SIGNATURE <u>neva mitchell</u>	

MEDICAL CERTIFICATION
Robert W. Forsythe, M.D. (Black Ink or Ribbon Typewrite if Possible)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 Pasantino*

Licensed Embalmer No. *4554*

P. O. Address *KC 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.