

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44438
STATE FILE NUMBER
5688

FILED DEC 18 1957

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

S. 300
v. 1-57

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, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center 58 yrs		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 7527 Grand		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Sam Middle Penna Last Penna			4. DATE OF DEATH Month November Day 28 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-1-84	9. AGE (In years last birthday) 73 yrs.	IF UNDER 1 YEAR Months 5 Days 1 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY GROCERY	11. BIRTHPLACE (City and state or country) CALATAFINIA ITALY		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME NICK PENNA		13b. MOTHER'S MAIDEN NAME SPANO		14. NAME OF HUSBAND OR WIFE ROSALIE PENNA.	
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. 513-14-0897	17. INFORMANT Address NICK PENNA 7527 GRAND K.C. Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral accident					INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last. DUE TO (b) Arterio sclerosis					yes
DUE TO (c) Diabetes, senility					yes
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 12:00 P. Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 1948 to Nov 28, 57 and last saw her alive on Nov 28 1957 Death occurred at Nov 28, 57 12:00 P. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Harry Stallard M.D.			22b. ADDRESS 701 E 63rd St.		22c. DATE SIGNED 12-1-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC, 2, 57	23c. NAME OF CEMETERY OR CREMATORY MT ST MARYS		23d. LOCATION (City, town, or county) (State) K.C. Mo.	
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomer Sons K.C. MO		25. DATE RECD. BY LOCAL REG. 12-1-57	26. REGISTRAR'S SIGNATURE Irene Marshall		

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Harry Stallard

MEDICAL CERTIFICATION



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. 4981

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.