

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039876
STATE FILE NUMBER

FILED NOV 19 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5117

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MO 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 KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORAH HOSPITAL		Length of stay in 1b 45 yrs	d. STREET ADDRESS 716 B BROOKLYN
3. NAME OF DECEASED (Type or print) First ANTOINETTE Middle Last COLOMBO		4. DATE OF DEATH Month 10 Day 28 Year 58	
5. SEX ♀	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-27-06
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Tunis Africa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Angelo Colombo	
13b. MOTHER'S MAIDEN NAME Vincenza Migliore		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Jennie Funches 718 Brooklyn
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Chronic glomerulonephritis 592X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT <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 10-28-58 10-3-58 to 10-28-58 and last saw her alive on 10-28-58 Death occurred at 10-28-58 10:42 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) Walter B. Bedt 1450		22b. ADDRESS 4949 Rockhill Rd.	22c. DATE SIGNED 10/28/58
23a. BURIAL, CREMATION, OR DISPOSAL (Specify) Burial	23b. DATE 10-31-58	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cem.	23d. LOCATION (City, town, or county) (State) Kansas City, MO
24. FUNERAL DIRECTOR Kavanaugh Bros KC MO		25. DATE RECD. BY LOCAL REG. 10-29-58	26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
Mortician B. Credit or use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



7.500

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 Passantino*

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.