

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039910

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5294

S. 300
1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. A. Underwood

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>		Length of stay in 1b <u>13 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>12109 E. 49 Terr.</u>
3. NAME OF DECEASED (Type or print) First <u>JENNIE</u> Middle <u>Diesi</u> Last <u>Diesi</u>			4. DATE OF DEATH Month <u>11</u> Day <u>8</u> Year <u>58</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 2, 1886</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME <u>Vincent La Fata</u>		11b. MOTHER'S MAIDEN NAME <u>Constanza Whicha</u>	11. BIRTHPLACE (City and state or country) <u>Italy</u>
12a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) <u>No</u>		12b. SOCIAL SECURITY NO. <u>None</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Urinary Bladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>diabetes mellitus, arteriosclerosis & Hypertensive Cardiovascular Disease</u>	
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.) <u>None</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Chicago, Illinois</u>	
21. I attended the deceased from <u>8-10-58</u> to <u>11-8-58</u> and last saw her alive on <u>11-8-58</u> Death occurred at <u>9:30 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. A. Underwood, M.D.</u>		22b. ADDRESS <u>5100 S. 24th K. C. Mo</u>	
22c. DATE SIGNED <u>11/9/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-9-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Chicago, Illinois</u>		23d. LOCATION (City, town, or county) (State) <u>Chicago, Illinois</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Melody McGilley-Elyor Kansas City</u>		25. DATE RECD. BY LOCAL REG. <u>11-8-58</u>	
26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			



Dr H. A. Underwood
Dag. Kim at on
dock - St Mary's

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 *John C. Redmon*

Licensed Embalmer No. *5025*

P. O. Address *Indep. Md*

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.