Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040169

STATE FILE NUMBER 5401

FILED DEC 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1312 Bales — Length of stay in Ib 30 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 1312 Bales (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First THOMAS Middle ROSE Last
4. DATE OF DEATH Month 11 Day 12 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 6-18-1894
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Supt
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Italy
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Pasquale Priora
13b. MOTHER'S MAIDEN NAME Carmela Pluso
14. NAME OF HUSBAND OR WIFE Anna Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-09-3378
17. INFORMANT Anna Rose Address 1312 Bales

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 72 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — 2 wks
DUE TO (c) Lymphosarcoma c̄ Metastasis — 1 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2001
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 August 1958 to 11-12-58 and last saw her/him alive on 11-11-58
Death occurred at 9:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M.C. Coatney (Degree or title) D.O.
22b. ADDRESS 6235 Truman Rd
22c. DATE SIGNED 11-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-15-58
23c. NAME OF CEMETERY OR CREMATORY St Mary Cem.
23d. LOCATION (City, town, or county) (State) Kansas City, Mo

24. FUNERAL DIRECTOR Nassarino Bros ADDRESS KC Mo
25. DATE RECD. BY LOCAL REG. 11-14-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

M. C. Coatney

Rec'd 11-12-58 att 903 902

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 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.