

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017605

STATE FILE NUMBER  
2296

FILED JUN 9 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <b>St. Mary' Hosp.</b>		d. STREET ADDRESS <b>8217 Belleview</b>	
Length of stay in lb <b>47 yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Hugo</b> Middle <b>C.</b> Last <b>Bertoncin</b>			4. DATE OF DEATH Month <b>May</b> Day <b>7</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug 1, 1907</b>
9. AGE (In years last birthday) <b>51</b>		10. FUNDER 1 YEAR Months <b>5</b> Days <b>1</b>	11. IF UNDER 24 HRS Hours <b>1</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager</b>		10b. KIND OF BUSINESS OR PLACE <b>Lucky Strike Bowling Alley</b>	11. BIRTHPLACE (City and state or country) <b>Sao Paulo, Brazil</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Louis Bertoncin</b>	
13b. MOTHER'S MAIDEN NAME <b>Louise Bandiera</b>		14. NAME OF HUSBAND OR WIFE <b>Frances Bertoncin</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>486-03-4713</b>	17. INFORMANT <b>Mrs. Frances Bertoncin, 8217 Belleview, Mo. K.C.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Failure</b> <b>Left ventricular Failure</b> <b>Refracted myocardial infarction 1st</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>med.</b> DUE TO (c) <b>med.</b> PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> <b>32 days</b> <b>4 1/2</b> <b>3 years</b>
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 <b>11:45</b> Month, Day, Year		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 <b>Kansas City</b> COUNTY STATE	
21. I attended the deceased from <b>1948</b> to <b>May 7-1959</b> and last saw him alive on <b>May 7-1959</b> Death occurred at <b>11:45</b> a. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Dr Leo A. O'Brien M.D.</b> (Degree or title)		22b. ADDRESS <b>306 E 12 K.C. 6 Mo</b>	
22c. DATE SIGNED <b>5-8-59</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>5-9-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar, 20 W. Linwood</b>		25. DATE RECD. BY LOCAL REG. <b>5-8-59</b>	
26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Leo A. O'Brien

All diseases in Part I must be causally related.

Wm. H. ...  
Chicago ...  
August 1872

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 *Wm. H. ...*

Licensed Embalmer No. *5038*  
P. O. Address *K. E. 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.