

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017399

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2490 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
JOSEPH H. YABSO

FILED JUN 5 1961

1. PLACE OF DEATH
 a. COUNTY Shelton
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 1 day
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Catholic Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Kenn. b. COUNTY St. Louis
 c. CITY OR TOWN Pittsburg Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Pittsburg Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First CARMELA Middle DI RENNA Last DI RENNA
 4. DATE OF DEATH Month 5 Day 20 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10-23-1891 9. AGE (last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME Vincent Di Renno 13b. MOTHER'S MAIDEN NAME Nigro 14. NAME OF HUSBAND OR WIFE Felix Di Renna

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. none 17. INFORMANT Felix Di Renna Address Pittsburg, Pa.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Myocardial Failure
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Vascular Accident
 DUE TO (c) Hypertensive Heart Disease
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 Month, Day, Year a.m. p.m.

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 June 15 1960 to May 20 1961 and last saw her live on May 20, 1961
 Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph H. Yabso (Degree or title) D.D. 22b. ADDRESS 819 Walnut K.C. 22c. DATE SIGNED 5/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 5-20-1961 23c. NAME OF CEMETERY OR CREMATORY Calvary Cem 23d. LOCATION (City, town, or county) (State) Pittsburg, Penn.

24. FUNERAL DIRECTOR Lawrence Brow ADDRESS KC, Mo 25. DATE RECD. BY LOCAL REG. 5-20-61 26. REGISTRAR'S SIGNATURE Ruth Long

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 *Ed. Laventure*

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.