

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=63-015930**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2333 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
 AMENDED

VS 300  
 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

|  |   |
|--|---|
| <b>FILED MAY 6 1963</b>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u><br>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u><br>Length of stay in 1b <u>60 yrs</u><br>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kenneth Hospital</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>Clay</u><br>c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS (if outside, give location) <u>4940 N. Garfield</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>LENA</u> Middle <u>BIVONA</u> Last <u>BIVONA</u>  |   |
| 4. DATE OF DEATH Month <u>4</u> Day <u>19</u> Year <u>1963</u>   |   |
| 5. SEX <u>Fe</u>   | 6. COLOR OR RACE <u>Wh</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>11-30-1899</u>  |
| 9. AGE (last birthday) <u>63</u>   | IF UNDER 1 YEAR: Months <u>6</u> Days <u>3</u> Hours <u>0</u> Min. <u>0</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>   |
| 11. BIRTHPLACE (City and state or country) <u>—</u>  | 12. CITIZEN OF WHAT COUNTRY <u>—</u>  |
| 13a. FATHER'S NAME <u>Joseph Mandacina</u>   | 13b. MOTHER'S MAIDEN NAME <u>Kosaki Modica</u>  |
| 14. NAME OF HUSBAND OR WIFE <u>—</u>   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>—</u>   |
| 16. SOCIAL SECURITY NO. <u>—</u>   | 17. INFORMANT <u>Joe Bivona</u> Address <u>4940 N. Garfield</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Metastatic ca. Primary colon</u><br>DUE TO (b) <u>—</u><br>DUE TO (c) <u>—</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>—</u> a.m. <u>—</u> p.m. <u>—</u> Month, Day, Year <u>—</u>  | 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.) <u>—</u>  | 20f. CITY, TOWN, OR LOCATION <u>—</u> COUNTY <u>—</u> STATE <u>—</u>  |
| 21. I attended the deceased from <u>1954</u> , to <u>4/19/63</u> and last saw her <u>live on</u> <u>4/19/63</u><br>Death occurred at <u>9 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |
| 22a. SIGNATURE (Degree or title) <u>Ron N. Blach</u>   | 22b. ADDRESS <u>6400 Prospect K.C. 32 Mo</u>  |
| 22c. DATE SIGNED <u>4/19/63</u>  | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |
| 23b. DATE <u>4-22-1963</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>St Mary Cem.</u>  |
| 23d. LOCATION (City, town, or county) <u>Kansas City Mo</u>  | 24. FUNERAL DIRECTOR <u>Kenneth Brown</u> ADDRESS <u>KC Mo</u>  |
| 25. DATE RECD. BY LOCAL REG. <u>4-19-63</u>  | 26. REGISTRAR'S SIGNATURE <u>K. Ruth Long</u>   |

USE BLACK INK OR TYPEWRITER RIBBON

**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 *R. C. Pasantino*

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.

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