

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043826

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6370 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED
1	
2 <u>3158</u>	
3	
4 <u>1</u>	
5 <u>2</u>	
6	
7 <u>2</u>	
8 <u>2</u>	
9 <u>157X</u>	
10	
11	
12 <u>67-0</u>	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>55 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>St Mary Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1210 Admiral Blvd</u>	
3. NAME OF DECEASED (Type or print) First <u>LENA</u> Middle <u>A.</u> Last <u>CASCIOLA</u>		4. DATE OF DEATH Month <u>11</u> Day <u>20</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>9-27-1888</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>-</u>	11. BIRTHPLACE (City and state or country) <u>Stale</u>
13a. FATHER'S NAME <u>Vincent Perrone</u>		13b. MOTHER'S MAIDEN NAME <u>Anna</u>	14. NAME OF HUSBAND OR WIFE <u>Bete</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Charles Casciola 7900 Penn</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adenocarcinoma of pancreas</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3</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</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <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 _____ a.m. _____ p.m.	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 COUNTY STATE
21. I attended the deceased from <u>11-4-63</u> to <u>11-20-63</u> and last saw her/him live on <u>11-20-63</u> Death occurred at <u>St Mary's hosp</u> <u>p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Michael Bernreiter M.D.</u>		22b. ADDRESS <u>1018 Proj. Bldg Kc Mo</u>	22c. DATE SIGNED <u>11/22/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-23-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Mary</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, MO</u>
24. FUNERAL DIRECTOR <u>Servantino Reed KC MO</u>		25. DATE RECD. BY LOCAL REG. <u>11-23-63</u>	26. REGISTRAR'S SIGNATURE <u>Ressie Smith</u>

MICHAEL BERNREITER MEDICAL CERTIFICATION

