No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30573

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 3950

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 1906
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 545 FOREST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 545 FOREST

3638
0
3

3. NAME OF DECEASED (Type or Print)
a. (First): GIUSEPPE
b. (Middle): MISTRETTA
c. (Last):

4. DATE OF DEATH (Month): 9 (Day): 15 (Year): 50

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: SEPT 23 1882
9. AGE (In years last birthday): 67
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): JANITOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ITALY 5
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: MARIANO ~~MARION~~ MISTRETTA
13b. MOTHER'S MAIDEN NAME: ANNA LEONE ~~UNKNOWN~~
14. NAME OF HUSBAND OR WIFE: LUCIA MISTRETTA

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS LUCIA MISTRETTA
ADDRESS: 545 FOREST

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ca of rectum — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): diabetis — 3 mo.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 154 1

19a. DATE OF OPERATION: 5-16-50
19b. MAJOR FINDINGS OF OPERATION: Cancer of rectum
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-12-, 1950, *to* 9-14-, 1950, *that I last saw the deceased alive on* 9-15-, 1950 *and that death occurred at* 6:15 PM., *from the causes and on the date stated above.*

23a. SIGNATURE: J. A. Nigro (Degree or title): M.D.
23b. ADDRESS: 925 Argyle
23c. DATE SIGNED: 9-16-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9/18/50
24c. NAME OF CEMETERY OR CREMATORY: MT ST MARY'S
24d. LOCATION (City, town, or county) (State): KANSAS CITY MO

DATE REC'D BY LOCAL REG.: 9-17-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: SEBBETO'S
ADDRESS: K.C. MO

(Licensed Embalmer's Statement on Reverse Side)

H 3 6 0

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~~ .....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Roy E Snow

Signed.....
Student Embalmer

Licensed Embalmer No. 2560

P. O. Address K C 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 this body is not embalmed, fact should be so stated above.

State of Mo
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 30573-SP
Local Registrar's No. 3950-50

On this 20th day of March, ~~194~~ 1951, before me appears Mrs Ralph M Sudduth, who, upon her oath, states that the original record of ~~birth~~ death for Giuseppe Mistretta, ~~born~~ died 9-15-50, 19....., in the State of Missouri, and which was filed at K.C. Mo on 9-17-, 1950, should be corrected as follows:

Item No. 13a should read Mariano Mistretta
Instead of ~~13b~~ Marian Mistretta

Item No. 13b should read Anna Leone
Instead of Anna

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Ralph M Sudduth - Daughter
Relationship.

414 Troost - K.C. Mo.
Present Address.

Subscribed and sworn to before me this 20th day of March, ~~194~~ 1951

My Commission expires Oct. 21, 1951

Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
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