

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. **33520**
4343

FILED OCT 27 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH: a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived). If Institution: residence before admission. a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) SINCE 1913		d. STREET ADDRESS (If rural, give location) 615 E. 5 St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) a. (First) Carmelo	b. (Middle)	c. (Last) Denti	4. DATE OF DEATH (Month) (Day) (Year) 10 11 51
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5. SEX: M	6. COLOR OR RACE: W	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	8. DATE OF BIRTH 2-17-86	9. AGE (In years last birthday): 65	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY K.C. MAC' Co.	11. BIRTHPLACE (State or foreign country) SICALY 5	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME RAYMOND DENTI	13b. MOTHER'S MAIDEN NAME CONGETTA OCHIAINTI	14. NAME OF HUSBAND OR WIFE FLAVIA DENTI
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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. 487-10-3862	17. INFIRMANT'S SIGNATURE OR NAME FLAVIA DENTI	ADDRESS 615 E 5TH
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept. 19 1951, to Oct. 11, 19 51, that I last saw the deceased alive on Oct. 11, 19 51, and that death occurred at 1:05A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns	(Degree or title) B.I. Burns M.D.	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 10-12-51
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE 10-13-51	24c. NAME OF CEMETERY OR CREMATORY MT ST MARY'S	24d. LOCATION (City, town, or county) (State) K.C. MO
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DATE REC'D BY LOCAL REG. 10-12-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S	ADDRESS K.C. MO
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(Licensed Embalmer's Statement on Reverse Side)

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

Be Hartwig

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

Russell W. France

Signed.....

Student Embalmer

Licensed Embalmer No. *4255*

P. O. Address *K 6 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.