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

FILED APR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8529
Registrar's No. 1396

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1396</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (If this place) <u>35 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | | | d. STREET ADDRESS (If rural, give location) <u>570 Forest</u> <u>30380</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Vito</u> | | b. (Middle) <u>(SATERI)</u> | | c. (Last) <u>Pusateri</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 23 52</u> | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | | 8. DATE OF BIRTH <u>MAR 19 1886</u> | |
| 9. AGE (In years last birthday) <u>66</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 YEAR Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>5 ITALY</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>AL. I.</u> | | | | 13a. FATHER'S NAME <u>COLOGERO SATERI</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARIA BARSAMO</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE</u> | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>N</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>489-24-4371A</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPHINE PUSATERI SATERI</u> | | | | ADDRESS <u>SAME</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bowel obstruction</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized carcinomatosis (melanoma)</u> | | | | | |
| | | 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"/> | |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Mar. 22, 1952</u> , to <u>Mar. 23, 1952</u> , that I last saw the deceased alive on <u>Mar. 23, 1952</u> , and that death occurred at <u>1:10A m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) | | | | 23b. ADDRESS <u>24th & Cherry</u> | | 23c. DATE SIGNED <u>3-24-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>3-26-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN</u> | | 24d. LOCATION (City, town, or county) (State) <u>K.C Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>3-25-52</u> | | REGISTRAR'S SIGNATURE <u>Dwaine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBRETTO'S</u> | | ADDRESS <u>CITY</u> | |

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. Perkins

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
Student Embalmer

Signed *Russell V. France*

Licensed Embalmer No. *# 425*

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 this body is not embalmed, fact should be so stated above.