.S. No. 300
Rev. 10.48

FILED APR 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9974

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1570

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

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) ~~2 ½ hrs~~ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Menorah Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
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) 414 Cherry 3038

3. NAME OF DECEASED (Type or Print)
a. (First) Antonina
b. (Middle) Mule (Mule)
c. (Last) ~~Mate~~ Moley

4. DATE OF DEATH (Month) (Day) (Year) 3 - 17 - 53

5. SEX Fermold
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-13-1878
9. AGE (In years last birthday) 74 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Italy 5
12. CITIZEN OF WHAT COUNTRY? Italy

13a. FATHER'S NAME Cologero Renaldo
13b. MOTHER'S MAIDEN NAME Fara Palmeda
14. NAME OF HUSBAND OR WIFE Giuseppe Maley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Florence Veretta 7236 Wash.
ADDRESS

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) Arteriosclerotic heart disease — 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) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — 42 00

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* _____, 1946 *to* Mar 17, 1953, *that I last saw the deceased alive on* Mar 16, 1953, *and that death occurred at* 2 15/A *m., from the causes and on the date stated above.*

23a. SIGNATURE Harry K. Cohen (Degree or title) Harry K. Cohen M.D. MD
23b. ADDRESS 318 Argyle Bldg
23c. DATE SIGNED 3-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-20-53
24c. NAME OF CEMETERY OR CREMATORY Mt Olivet
24d. LOCATION (City, town, or county) (State) KC Mo

DATE REC'D BY LOCAL REG. 3-18-53
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE Peter B. Kozeluna
ADDRESS KC Mo

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 4873

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No. 9974-53

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1570

On this 30th day of March, 1953, before me appears Mrs. Florence Veretta, who, upon her oath, states that the original record of ~~birth~~ death for Antonina (Mule) Maley ~~born~~ died March 17, 1953 in the State of Missouri, and which was filed at K. C. on 3-18, 1953 should be corrected as follows:

Item No. 3c should read Moley

Instead of Maley

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. Florence Veretta Daughter
Relationship.

7236 Washington K.C. Mo.
Present Address.

Subscribed and sworn to before me this 30th day of March, 1953

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

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

rm V. S. 135
0M—8-43
I X37817

Sup - 9974