

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9977

FILED MAR 27 1953

1355

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|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 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, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (in this place) <u>50 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>520 E 5TH</u> | | | | d. STREET ADDRESS (If rural, give location) <u>520 E. 5TH 3038</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ALESSANDRO</u> | | b. (Middle) _____ | | c. (Last) <u>MASUCCI</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 4 53</u> | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | | 8. DATE OF BIRTH <u>FEB 15 1865</u> | |
| 9. AGE (In years last birthday) <u>88</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 HR. Hours _____ Mins. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRODUCE MERCHANT</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>PRODUCE</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>ITALY 5</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>ITALY</u> | | 13a. FATHER'S NAME <u>PETER MASUCCI</u> | | 13b. MOTHER'S MAIDEN NAME <u>ANGELA MARIA DEL PERCIO</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>VINCENT MASUCCI</u> | | ADDRESS <u>520 E 5TH</u> | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u> 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>21 days</u> <u>H200</u> | |
| 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>2-28</u> , 19 <u>53</u> , to <u>3-4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-4</u> , 19 <u>53</u> , and that death occurred at <u>6 A m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Edward P. Altomare</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>1030 E. PACIFIC</u> | | 23c. DATE SIGNED <u>3-5-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>3-6-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MT ST MARY'S</u> | | 24d. LOCATION (City, town, or county) (State) <u>R.C. MO</u> | |
| DATE REC'D BY LOCAL REG. <u>3-6-53</u> | | REGISTRAR'S SIGNATURE <u>Sheralding Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBETO'S</u> | | ADDRESS <u>CITY</u> | |

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

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 N. France

Licensed Embalmer No. 4255

P. O. Address K O 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.