

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **35811**
5059

FILED NOV 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5059</u>		
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>36 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>310 Holmes St</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vincenzo</u> b. (Middle) <u>Cammisano</u> c. (Last) <u>Cammisano</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-21-53</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>		8. DATE OF BIRTH <u>8-4-1890</u>		
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Trapani, Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>---</u>	
13a. FATHER'S NAME <u>Antonio Cammisano</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine Cammisano</u>			
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>Catherine Cammisano</u> ADDRESS <u>310 Holmes</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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary embolization</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive heart failure</u>					<u>Months</u>	
		DUE TO (c) <u>Coronary artery sclerosis</u>					<u>years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>					<u>years</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 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>Oct. 9, 1953</u> to <u>Oct 21, 1953</u> , that I last saw the deceased alive on <u>Oct 21, 1953</u> , and that death occurred at <u>6:20 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Milton S. Steinberg</u> (Degree or title) _____				23b. ADDRESS <u>12000 926 E. 11th Street, K.C. Mo</u>		23c. DATE SIGNED <u>Oct 22, 1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Not St Marys KC Mo</u>		24d. LOCATION (City, town or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>10-23-53</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. [unclear]</u>		ADDRESS <u>KCMo</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.....
Signature of Student Embalmer

Signed.....
Robert B. Leggett

Licensed Embalmer No. 4273

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.