

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005 Registrar No. 29

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| 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 OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2813 E 8th St</u> | | STREET ADDRESS (If rural, give location) <u>2813 E 8th St</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>Costanzo</u> c. (Last) <u>Costanzo</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-1-1955</u> | | |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>4-26-1877</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 14 HRS. Hours _____ Min. _____ |
|-----------------|---------------------------|--|-----------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Driver</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
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| 13a. FATHER'S NAME <u>John Costanzo</u> | | 13b. MOTHER'S MAIDEN NAME <u>Maria Calderone</u> | | 14. NAME OF HUSBAND OR WIFE <u>Coloquio Costanzo</u> | | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or date of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Frank Costanzo</u> ADDRESS <u>2813 E 8th St</u> | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Sudden coronary thrombosis</u> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sudden coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> 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>1-1-55</u> <u>12-27-54</u> <u>4201</u> | |
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| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 12-27-1954 to 1-1-1955 that I last saw the deceased alive on 12/31-1954 and that death occurred at 9 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>A. Saladino</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>1040 1/2 E 11th St</u> | | 23c. DATE SIGNED <u>1-3-55</u> | |
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| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-4-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u> | |
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| DATE REC'D BY LOCAL REG. <u>1-4-55</u> | | REGISTRAR'S SIGNATURE <u>Mervin Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wendell Bras</u> ADDRESS <u>PC Mo</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr. Saladin
Argyle Bldg.*

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 *Leonard C. Passantini*
Licensed Embalmer No. *455*

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.