

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5108  
427

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 45 yrs		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 814 E MO AVE		e. STREET ADDRESS (If rural, give location) 814 E MO AVE 3038	

3. NAME OF DECEASED (Type or Print) a. (First) SALVATORE b. (Middle) SORISSO c. (Last) SORISSO			4. DATE OF DEATH (Month) (Day) (Year) 1 28 55		
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5. SEX M <sup>o</sup>		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG 6 1879		9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months		11. IF UNDER 2 HRS. Days		12. IF UNDER 2 HRS. Hours		13. IF UNDER 2 HRS. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTAINANCE			10b. KIND OF BUSINESS OR INDUSTRY R.R.			11. BIRTHPLACE (City and State or Foreign Country) ITALY 5			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME (M.R.) GAETANO SAMBAGGIO			13b. MOTHER'S MAIDEN NAME ANNA RUSSO			14. NAME OF HUSBAND OR WIFE MARY		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY SORISSO 814 E MO AVE			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CORONARY OCCLUSION		DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE						3 HRS.	
ANTECEDENT CAUSES		DUE TO (c)						4 YRS.	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.						4200	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)			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 JAN 28, 1955, to JAN 28, 1955, that I last saw the deceased alive on JAN 28, 1955, and that death occurred at 2:45 AM., from the causes and on the date stated above.

23a. SIGNATURE James M. Mauk Jr. (Degree or title)		23b. ADDRESS 5715 Blue Ridge		23c. DATE SIGNED 1-29-55	
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 1-31-55		24c. NAME OF CEMETERY OR CREMATORY MT ST MARY'S		24d. LOCATION (City, town, or county) (State) KANSAS CITY MO	
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DATE REC'D BY LOCAL REG. 1-29-55		REGISTRAR'S SIGNATURE new minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEBETO'S K.C. MO.	
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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 *Forrest D. Coldman*.....

Licensed Embalmer No. *471*.....

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