

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23779**

FILED JUL 18 1956

2875

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 not within corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>33 yrs</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>3510 Windsor</u>		STREET ADDRESS (If rural, give location) <u>3510 Windsor 3098</u>	

3. NAME OF DECEASED (Type or Print) <u>GIUSSEPPI (JOE POLITO)</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-1956</u>		
a. (First)		b. (Middle)		c. (Last)	
<u>GIUSSEPPI</u>		<u>(JOE)</u>		<u>POLITO</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct 19 1885</u>		9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 24 HRS: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Salapunta, Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Produce dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Salapunta, Italy</u>	
13. FATHER'S NAME <u>Theodore Polito</u>		13b. MOTHER'S MAIDEN NAME <u>Calogua Bonanna</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Polito</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rose Polito</u> ADDRESS <u>Ke Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarct</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. <u>Previous myocardial infarct</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>4201</u> <u>1045</u> <u>40</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) _____		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 Jan 15, 1946, to June 30, 1956, that I last saw the deceased alive on April 1, 1956, and that death occurred at 4 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Martin P. Hunter</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1408 Waldheim Bldg.</u>		23c. DATE SIGNED <u>7/1/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-3-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>		24e. NAME OF CEMETERY OR CREMATORY <u>Kansas City, Mo</u>		24f. LOCATION (City, town, or county) (State) <u>Ke Mo</u>	

DATE REC'D. BY LOCAL REG. <u>7-2-56</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pasquino Bros</u> ADDRESS <u>Ke Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr M P Hunter
No 26708
Waldheim 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 Passantino*

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.