

FILED JAN 14 1957

STANDARD CERTIFICATE OF DEATH

41657

STATE FILE NUMBER

5526

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION <i>347 N. Brighton 50 yrs</i>			Length of stay in 14	d. STREET ADDRESS (If outside give location) <i>347 N. Brighton</i>			Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Annie</i> Middle <i>Bassantino</i> Last				4. DATE OF DEATH Month <i>12</i> Day <i>19</i> Year <i>56</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-18-1886</i>	9. AGE (In years last birthday) <i>70</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>self</i>	11. BIRTHPLACE (City and state or country) <i>Salerno Italy</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>Angelo Basano</i>			14. MOTHER'S MAIDEN NAME <i>Pauline Mangano</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Joe Bassantino</i> Address <i>347 N. Brighton</i>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute coronary artery occlusion</i>							INTERVAL BETWEEN ONSET AND DEATH <i>30 minutes</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>coronary atherosclerosis</i>						<i>5 years</i>
	DUE TO (c) <i>General vascular sclerosis</i>		<i>4201</i>				<i>5 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>obesity</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from <i>4-2-56</i> to <i>11-1-56</i> and last saw <sup>her</sup> / <sub>him</sub> alive on <i>11-1-56</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Graham Asher M.D.</i>				22b. ADDRESS <i>1220 Pryorwood Bldg. K.C. Mo.</i>		22c. DATE SIGNED <i>12-19-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>12-22-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		23d. LOCATION (City, town, or county) (State) <i>K.C. Mo.</i>			
24. GENERAL DIRECTOR <i>Dean B. Koger</i> ADDRESS <i>K.C. Mo.</i>	25. DATE REC'D. BY LOCAL REG. <i>12-20-56</i>		26. REGISTRAR'S SIGNATURE <i>Reva Marshall</i>				

Disease in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Director, Coroner, etc. must use only standard nomenclature in new for no symptoms with no listed. AT

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Graham Asher

Dr. Bradman Padua  
Ray, Blag.

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 *Debra B. Leggett*

Licensed Embalmer No. *42*

P. O. Address *KCM*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.