

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1231

State File No. 78
Registrar's No. 1002

FILED JAN 22 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>48 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>1211 PACIFIC</u>			e. STREET ADDRESS (If rural, give location) <u>1211 PACIFIC</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u>		b. (Middle) <u>CATALANO</u>	c. (Last) <u>CATALANO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 5 57</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>FEB 17 1852</u>	9. AGE (In years last birthday) <u>104</u>	IF UNDER 1 YEAR Months _____
IF UNDER 1 YEAR Days _____	IF UNDER 1 HRS. Hour _____	IF UNDER 1 HRS. Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) <u>ITALY</u>			12. CITIZEN OF WHAT COUNTRY? <u>ITALY</u>		
13a. FATHER'S NAME <u>GIUSEPPI SCIORTINO</u>		13b. MOTHER'S MAIDEN NAME <u>ANTONINO INFANCA</u>		14. NAME OF HUSBAND OR WIFE <u>NICOLA CATALANO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. B. PALMENTER 1211 PACIFIC</u>		
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>acute 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) <u>old age</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> 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) _____
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>7-8 1956</u> , to <u>1-5 1957</u> , that I last saw the deceased alive on <u>1-1 1957</u> , and that death occurred at <u>1211 Pacific</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>A. Salcedo MD</u> (Degree or title) <input checked="" type="checkbox"/>			23b. ADDRESS <u>1040 Argyle</u>		23c. DATE SIGNED <u>1-7-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-8-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT ST MARYS</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>1-8-57</u>		REGISTRAR'S SIGNATURE <u>Reva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SEBBETO'S K.C. Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
A. Salcedo

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. Colleson*

Licensed Embalmer No. *4714*

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.