

Doctor, coroner, etc. must use only standard manufacturers of their ink. No symptoms with the ink. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1957

4882
STATE FILE NUMBER
722
Registrar's No.

Registration District No. 149 Primary-Registration District No. 1002

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: 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 HOSPITAL OR INSTITUTION <i>St Joseph Hosp</i>			Length of stay in 1b0 <i>43 yrs</i>		d. STREET ADDRESS (If outside, give location) <i>1119 Agnes</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>JOSEPH</i> Middle <i>MOLINARO</i> Last				4. DATE OF DEATH Month <i>2</i> Day <i>13</i> Year <i>1957</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>April 21, 1913</i>		9. AGE (In years last birthday) <i>43</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Inspector</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>unk</i>		11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13. FATHER'S NAME <i>Salvatore Molinaro</i>				14. MOTHER'S MAIDEN NAME <i>Josephine Maria</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>499-16-2356</i>		17. INFORMANT <i>Josephine Maria</i> Address <i>1119 Agnes</i>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]								INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebro-Vascular - Hemorrhage</i>								<i>4 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>-</i>		DUE TO (c) <i>-</i>				<i>331 X</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>0</i>						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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>Feb 7 - 57</i> to <i>Feb 12 - 57</i> and last saw her alive on <i>Feb 12 - 57</i> Death occurred at <i>9 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Edward P. Altomare MD</i> (Degree or title)				22b. ADDRESS <i>2610 E 65th St</i>				22c. DATE SIGNED <i>2-13-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>2-15-1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mt Olivet Cem</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City MO</i>			
24. FUNERAL DIRECTOR <i>Assentino Bros</i> ADDRESS <i>Ke Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>2-14-57</i>		26. REGISTRAR'S SIGNATURE <i>neva mindall</i>				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Edward P. Altomare

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed *Leonard Pasantino*

Licensed Embalmer No. 4

P. O. Address *Ke m*

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.