Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes:

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

A. Saladino

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13063

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1483

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 512 WABASH — Length of stay in 1b 50 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
d. STREET ADDRESS 512 WABASH (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First JOSEPH Middle (CONTRARE) Last CUTRERA
4. DATE OF DEATH Month 3 Day 28 Year 1957
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH OCT 20, 1900
9. AGE (In years last birthday) 56
IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) PATTERSON, LA.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME FRANK CUTRERA
14. MOTHER'S MAIDEN NAME FANNIE TOSSITA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 492-18-7602
17. INFORMANT JOANNE CUTRERA Address KC Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 3/20-57
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute nephritis — Unknown
DUE TO (c) Arterial hypertension
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 590X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3/20-57, to 3/28-57 and last saw ~~him~~ him alive on 3/27/57
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE A. Saladino, M D (Degree or title)
22b. ADDRESS 1043 Argyle Bldg
22c. DATE SIGNED 3-29-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3-30-1957
23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET. CEM.
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO
24. FUNERAL DIRECTOR PASSANTINO BROS ADDRESS KC Mo
25. DATE RECD. BY LOCAL REG. 3-30-57
26. REGISTRAR'S SIGNATURE Neva Mundell

(Licensed Embalmer's Statement on Reverse Side)

Dr Salaulino
Argyle Bldg.

KP
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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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leonard Passantino

Licensed Embalmer No. 45

P. O. Address Ke m

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