. Health,
& Welfare
. Public
h Service

S. 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 20 1957

17214
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1959

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 2707 Peery (PEERY) — Length of stay in this place 30 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 3639 E 58th St (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) — First: Catherine Middle: Last: Maggio
4. DATE OF DEATH — Month Day Year: 4-24-57
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: Nov 1-1868
9. AGE (In years last birthday): 88 — 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): Home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Italy
12. CITIZEN OF WHAT COUNTRY? None
13. FATHER'S NAME: Georgie La Marco
14. MOTHER'S MAIDEN NAME: Josephine Cippollo
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Lorenzo Maggio — Address: 3639 E 58th St

MEDICAL CERTIFICATION

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) Coxellia — 1-8-57
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) carcinoma of L. mammary gland — 1-8-57
DUE TO (c) —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) — None
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 1-8-57 to 4-24-57 and last saw her/him alive on 4-22-57
Death occurred at 4:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. Saladino (Degree or title) MD
22b. ADDRESS: 1043 Argyle
22c. DATE SIGNED: 4-24-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-27-1957
23c. NAME OF CEMETERY OR CREMATORY: Mt St Mary's Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City MO

24. FUNERAL DIRECTOR — ADDRESS: Passantino Bros K CMO
25. DATE RECD. BY LOCAL REG.: 4-25-57
26. REGISTRAR'S SIGNATURE: Neva Mitchell

(Licensed Embalmer's Statement on Reverse Side)

Dr Saladino
Argyal Blvd
128 McGeo

V/20286

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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 KC Mo

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.