

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

24547

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

3260

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</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>2807 E 6th</i>			Length of stay in lb <i>47 yrs</i>		STREET ADDRESS <i>2807 E 6th</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>PASQUALE GALLO</i>				4. DATE OF DEATH Month <i>7</i> Day <i>11</i> Year <i>57</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</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>June 21 1891</i>		9. AGE (In years last birthday) <i>66</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>PRODUCE MERCHANT</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>PRODUCE</i>		11. BIRTHPLACE (City and state or country) <i>ITALY</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Peter Anthony Mesh.</i>				14. MOTHER'S MAIDEN NAME <i>Unk</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service)		16. SOCIAL SECURITY NO. <i>49626-0516</i>		17. INFORMANT <i>Sam Gallo 414 Wabash</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>Coronary Heart Disease & occlusion and myocardial infarct</i>						INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		4201	
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 checked="" 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.)				
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>7-11-57</i> to <i>7-11-57</i> and last saw her alive on <i>7-11-57</i> Death occurred at <i>2 Pm</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Edward P. Altomare M.D.</i>				22b. ADDRESS <i>2610 E 63rd St</i>		22c. DATE SIGNED <i>7-12-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>7/13/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cem</i>		23d. LOCATION (City, town, or county) (State) <i>K.C. Mo.</i>			
24. FUNERAL DIRECTOR <i>Sebbeto's</i>			ADDRESS <i>K.C. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>7-13-57</i>		26. REGISTRAR'S SIGNATURE <i>Neva Minshell</i>

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION
Edward P. Altomare, M.D.

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 Cole*.....

Licensed Embalmer No. *4*

P. O. Address *Kle*.....

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.