Health, Welfare Public Service

300 0 1-57

FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32110

STATE FILE NUMBER 3929

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3929

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital No. 1 — Length of stay in Ib 50 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2302 E. 8th — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Rosario (Ross) Middle: Last: PrestiGiacomo

4. DATE OF DEATH Month 8 Day 20 Year 1957

5. SEX M

6. COLOR OR RACE W

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 6-13-82

9. AGE (In years last birthday) 75 — 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) ICEMAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) ITALY

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ANTHONY PRESTIGIACOMO

13b. MOTHER'S MAIDEN NAME GUISEPPA NAMIA

14. NAME OF HUSBAND OR WIFE ANTONINO PRESTIGIACOMO

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. 487-42-5719

17. INFORMANT LOUIS LAROCCA Address KCMO

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) Myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 4 yr
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 ☐ NO ☐

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 8-2-57, to 8-20-57 and last saw him alive on 8-20-57
Death occurred at 11:05 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. I. Burns MD

22b. ADDRESS General Hospital No. 1

22c. DATE SIGNED 8-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 8-23-57

23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEM.

23d. LOCATION (City, town, or county) KANSAS CITY (State) MO

24. FUNERAL DIRECTOR PASSANTINO BROS **ADDRESS** KC MO

25. DATE RECD. BY LOCAL REG. 8-21-57

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

B. I. Burns

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 Leonard C Passantino

Licensed Embalmer No. 4554

P. O. Address KC 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.