

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018648
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 239

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>Independence</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Independence</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>3116 Blue Ridge</i>		Length of stay in 1b <i>55 yrs</i>	d. STREET ADDRESS (If inside, give location) <i>3116 Blue Ridge</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>ANGELO (MAIAROTA) MAROTA</i>			4. DATE OF DEATH Month Day Year <i>5-25-58</i>
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</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>AUG 20, 1880</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NURSERY OPERATOR</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>77</i> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <i>ITALY</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>FRANCISCO MAIAROTA</i>		13b. MOTHER'S MAIDEN NAME <i>FREDINANDI TERMINI</i>	14. NAME OF HUSBAND OR WIFE <i>CAROLINE MAROTA</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>NONE</i>	17. INFORMANT Address <i>CAROLINE MAROTA 3116 BLUE RIDGE</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>acute coronary Occlusion</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Coronary arterio sclerosis</i> DUE TO (c) <i>4201 B</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Ischemic + Hyperplastic Cardiovascular disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1/2 hour</i> <i>chronic</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>1-25-55</i> to <i>5-25-58</i> and last saw her/him alive on <i>5-23-58</i> Death occurred at <i>7:10 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>David Elias MD</i>		22b. ADDRESS <i>9306 E New 40 Hwy</i>	
22c. DATE SIGNED <i>5-26-58</i>		22d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>5-28-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Olivet</i>
24. FUNERAL DIRECTOR <i>Sassano Bros</i>		ADDRESS <i>KE MO</i>	25. DATE RECD. BY LOCAL REG. <i>5-28-58</i>
		26. REGISTRAR'S SIGNATURE <i>James S. Gray</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 16 1958

JUN - 8 1958

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 Santantino*

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.