

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022088

STATE FILE NUMBER

2774

FILED JUN 16 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2774

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1021 E. 5th ST.		Length of stay in lb 68 YEARS	d. STREET ADDRESS (If outside, give location) 1021 E. 5th STREET
3. NAME OF DECEASED (Type or print) First Middle Last SARAFINO SOLERNO			4. DATE OF DEATH Month Day Year MAY 30 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> & DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15, 1886
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - OWNER		9b. KIND OF BUSINESS OR INDUSTRY GROCERY	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - OWNER		10b. KIND OF BUSINESS OR INDUSTRY GROCERY	11. BIRTHPLACE (City and state or country) ITALY
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. NAME OF HUSBAND OR WIFE JOHN SOLERNO	
13a. FATHER'S NAME WILLIAM CALABRESE		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE JOHN SOLERNO		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 499-368431		17. INFORMANT Address WILLIAM SOLERNO, 1021 E 5th ST. K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 17 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Diabetes Mellitus			23 yrs.
DUE TO (c) Generalized Atherosclerosis			many years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but 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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 600x
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 checked="" 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 12-14-45 to May 30-58 and last saw her alive on May 30-1958 Death occurred at 5:00 A.M. on the date stated, above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. S. Miller (Degree or title) MD		22b. ADDRESS 231 Ann Kansas City, Mo	22c. DATE SIGNED 5-31-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 2, 1958	23c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, 1317 BRUSH CREEK, KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 6-1-58	26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

E. S. Miller



**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 Chester K Brown

Licensed Embalmer No. 4921

P. O. Address K E M O

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.