

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044221
STATE FILE NUMBER
5878

FILED DEC 30 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5878

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO 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 MENORAH HOSPITAL		Length of stay in 1b 65 yrs	d. STREET ADDRESS 704 1/2 TROMAN RD. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MIDDLE LAST STENO LAMENTO			4. DATE OF DEATH Month Day Year DEC 10 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-1-1893		9. AGE in years (as of birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City MO		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Lamento		13b. MOTHER'S MAIDEN NAME Susan Bessi		14. NAME OF HUSBAND OR WIFE Leta May Lamento	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch of service) Yes WW2		16. SOCIAL SECURITY NO. 489-44-3083		17. INFORMANT Address Leta May Lamento KCMO	

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 minutes 4201
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ASC DUE TO (c)			
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 <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 12-5-58 to 12-10-58 and last saw him alive on DEC. 10, 1958 Death occurred at 6:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) M L Friedman, M.D.		22b. ADDRESS 201 E. 63 KCMO		22c. DATE SIGNED 12/11/58	
23a. BURIAL, CREMATION, or other disposal (Specify)		23b. DATE 12-13-58		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 Passantirio Bros KCMO		25. DATE RECD. BY LOCAL REG. 12-12-58		26. REGISTRAR'S SIGNATURE neva munsell	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
M. L. Friedman

Autopsies in Part I must be causally related.

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 *Richard Cassentini*

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.