

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009405

STATE FILE NUMBER

1154

MAR 10 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

300
57

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) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) 715 Forest		Length of stay in lb 50 years	d. STREET ADDRESS (If outside, give location) 715 Forest Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) CHARLES VINCENT GIAMALVO			4. DATE OF DEATH Month March Day 2 Year 1959
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 18, 1908
9. AGE (In years last birthday) 50		10. UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	11. UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Payroll Clerk		10b. KIND OF BUSINESS OR INDUSTRY Freight Company	11. BIRTHPLACE (City and state or country) Russellville, Alabama
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Salvatore Giamalvo	
13b. MOTHER'S MAIDEN NAME Antonia Alfano		14. NAME OF HUSBAND OR WIFE Mrs. Irene Giamalvo	
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. 495-05-7541	17. INFORMANT Mrs. Irene Giamalvo, Kansas City, Mo. Address
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 2 HRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4291			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 _____ 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 10-1950 to 3-1-59 and last saw ^{him} alive on 1-15-59 Death occurred at 3:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward P. Altomare M.D. (Degree or title)		22b. ADDRESS 2610 E 65th St.	22c. DATE SIGNED 3-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 4, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Muehlebach ADDRESS 6800 Troost		25. DATE RECD. BY LOCAL REG. 3-3-59	26. REGISTRAR'S SIGNATURE Neve Marshall

Edward P. Altomare USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases 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 *Warren R. Ellis*

Licensed Embalmer No. *5018*

P. O. Address *..... Kansas*

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.