

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017846

STATE FILE NUMBER

FILED JUN 9 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2527

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>518 BAGES</b>		Length of stay in, 1/b <b>50 YRS</b>	d. STREET ADDRESS (If outside, give location) <b>518 BAGES</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ANDREW MANCUSO</b>			4. DATE OF DEATH Month Day Year <b>5-19-1959</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-6-1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HABOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INDUSTRY</b>	9. AGE (In years last birthday) <b>72</b>
11. BIRTHPLACE (City and state or country) <b>ITALY</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>MARIANO MANCUSO</b>		13b. MOTHER'S MAIDEN NAME <b>COLLETTA MARGUERITE MANCUSO</b>	
14. NAME OF HUSBAND OR WIFE <b>MARY MANCUSO</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, Unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>447-26-3721</b>		17. INFORMANT Address <b>MARY MANCUSO KE MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>amyotrophic lateral sclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>3561</b>			
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 _____ 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.) <b>Kansas City</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>JACKSON MO</b>	
21. I attended the deceased from <b>April 1959</b> to <b>May 9, 1959</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>May 18, 1959</b> Death occurred at <b>10 a m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>D. L. Shireman M.D.</b>		22b. ADDRESS <b>4606 St John Ke Mo</b>	
22c. DATE SIGNED <b>5-20-59</b>		23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <b>BURIAL</b>	
23b. DATE <b>5-22-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MT. OLIUPT CEM.</b>	
23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO.</b>		24. FUNERAL DIRECTOR ADDRESS <b>PASSANTINO BRGS KE MO</b>	
25. DATE RECD. BY LOCAL REG. <b>5-21-59</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

K. L. Shireman USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

*Dr. Sherman*  
*4606 St. Louis*  
*Be 14191*  
*of the 10th*

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 *Samuel Proventino* .....

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.