Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021305
STATE FILE NUMBER

FILED JUN 24 1959

Registration District No. 149 Primary Registration District No. 1062 Registrar's No. 2846

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 621 FOREST — Length of stay in Hospital: 40 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 621 Forest — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Antonio — Middle: — Last: Distasio

4. DATE OF DEATH: Month 6 Day 9 Year 59

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 1-16-1887
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Italy
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: Pasquale Distasio
13b. MOTHER'S MAIDEN NAME: Adeline Belpedio
14. NAME OF HUSBAND OR WIFE: Alexandra Distasio (Deceased)

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.: None
17. INFORMANT: Lida Distasio
Address: 621 Forest

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Coronary Thrombosis	Few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease with Coronary Insufficiency	several years
DUE TO (c)	Generalized Arteriosclerosis	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4260

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12-16-57, to 6-9-59 and last saw him alive on 6-7-59
Death occurred at 6:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E Robert Nigro (Degree or title) ,M.D.
22b. ADDRESS: 1222 McGee St., K.C., Mo.
22c. DATE SIGNED: 6-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-13-59
23c. NAME OF CEMETERY OR CREMATORY: Mt St Marys Cem
23d. LOCATION (City, town, or county) (State): KC Mo

24. FUNERAL DIRECTOR: Peter B Lazelia
ADDRESS: K.C. Mo
25. DATE REC'D BY LOCAL REG.: 6-11-59
26. REGISTRAR'S SIGNATURE: Neva Minichell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

E. Robt. Nigro

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 Peter B. Lazelina

Licensed Embalmer No. 4273

P. O. Address 1C C. 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.