

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025154

FILED VS JUL 31 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3499 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>57 yrs</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Northeast Osteopathic Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>507 S Montgall</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>PAUL GUARINO</u>			4. DATE OF DEATH Month <u>7</u> Day <u>16</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-25-1892</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>See man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>  </u>	11. BIRTHPLACE (City and state or country) <u>Castelluccio, Italy</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

10c. FATHER'S NAME <u>Jasper Guarino</u>		13b. MOTHER'S MAIDEN NAME <u>  </u>		14. NAME OF HUSBAND OR WIFE <u>  </u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-16-6464</u>		17. INFORMANT <u>Tony Guarino</u> Address <u>507 S Montgall</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>or</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u> Month, Day, Year <u>  </u>		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 7/14/59 to 7/15/59 and last saw him alive on 7/16/59  
Death occurred at 1:45 AM 7/16/59 on the date stated above, and to the best of my knowledge, from the causes stated.

21. SIGNATURE (Degree, if one) <u>M. Hoffmann MD</u>		22b. ADDRESS <u>5242 St John Kansas City</u>		22c. DATE SIGNED <u>7/17/59</u>	
23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St Mary's Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, MO</u>	
24. FUNERAL DIRECTOR <u>Carmentino Bros</u>		ADDRESS <u>Ke Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-17-59</u>	
				26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF M. Hoffmann

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Lionard Pasantino*

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.