URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-039892

STATE FILE NUMBER

ENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5661

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 45yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 518 GILLIS
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 518 GILLIS
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOE Middle ARENA Last
4. DATE OF DEATH: Month 11 Day 22 Year 59
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: MAR 6, 1884
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR
10b. KIND OF BUSINESS OR INDUSTRY: WATCHMAN
11. BIRTHPLACE (City and state or country): ITALY
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: ALBERT ARENA
13b. MOTHER'S MAIDEN NAME: MARY ALANTA
14. NAME OF HUSBAND OR WIFE: CARMELA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 496-09-7655
17. INFORMANT: MRS MARY INZERILLO Address: 504 GILLIS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): APOPLEXY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIO SCLEROSIS
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown
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 JAN 1959 to NOV. 22 1959 and last saw ~~her~~ him alive on NOV 20 1959
Death occurred at 9 AM 11-24-59 on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Edward P. Altmare (Degree or title) M.D.
22b. ADDRESS: 2610 E 63rd St
22c. DATE SIGNED: 11-24-59

BY AFFIDAVIT OF Edward P. Altmare

DOCUMENT

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-25-59
23c. NAME OF CEMETERY OR CREMATORY: MT ST MARYS
23d. LOCATION (City, town, or county): KANSAS CITY (State): MO
24. FUNERAL DIRECTOR: SERBETOS ADDRESS: K.C. MO
25. DATE RECD. BY LOCAL REG.: 11-24-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Forest D. Coldsnow

Signature of Student Embalmer

Licensed Embalmer No. 4714

P. O. Address R.R. [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.