

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006236

FILED VS MAR 3 1960

149

Registration District No. Primary Registration District No. 1002

Registrar's No. 957

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>36 years</b>		c. CITY OR TOWN <b>Prarie Village</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Swope Ridge Nursing Home</b>			Inside Limits No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5701 W. 75</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>Di</b> Last <b>NOTO</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>16</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 20 1924</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Barber</b>		11. BIRTHPLACE (City and state or country) <b>Palermo, Sicily</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>Juiseppe DiNoto</b>			13b. MOTHER'S MAIDEN NAME <b>Castellese Rosaria</b>		14. NAME OF HUSBAND OR WIFE <b>Maddeline Di Noto</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>Joseph Di Noto, 5701 W. 75, Prarie Village, Ks.</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>Myocardial infarction</b> DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c) <b>Arterio-sclerotic cardiovascular disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Right hemiplegia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>16 days</b> <b>more than 1 year</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>25 November 1959</b> to <b>16 February 1960</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>16 February 1960</b> Death occurred at <b>7:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i>				22b. ADDRESS <b>1102 Grand Ave Kansas City Mo</b>		22c. DATE SIGNED <b>17 Feb 60</b>	
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		23e. STATE
<b>Burial &amp; Removal</b>		<b>2-17-60</b>	<b>Corpus Christi Cemetery</b>		<b>Fort Dodge, Iowa</b>		
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar Funeral Home</b>				25. DATE RECD. BY LOCAL REG. <b>2-17-60</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
<b>Woodland-Linwood</b>							

DOCUMENT

BY AFFIDAVIT OF **Lieberman, Jr.** MEDICAL CERTIFICATION

**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 Arthur Eugene Hook

Licensed Embalmer No. 4912

P. O. Address J. 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.