

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEATH VS MAR 11 1960

-60-006293

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1187 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>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>60 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) HOSPITAL OR INSTITUTION <u>Research Hosp</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4112 E 60th</u>	
3. NAME OF DECEASED (Type or print) First <u>NICK</u> Middle <u>GRESAFI</u> Last <u>GRESAFI</u>			4. DATE OF DEATH Month <u>2</u> Day <u>26</u> Year <u>60</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>4-9-1888</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Box Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wooden Boxes</u>	11. BIRTHPLACE (City and state or country) <u>New Orleans</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Anthony Gresafi</u>		13b. MOTHER'S MAIDEN NAME <u>Filomena Tortorici</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine</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>492-38-8178</u>	17. INFORMANT Address <u>400 N MRS VETO BENTIVEGNA VAN BRUNT</u>		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congestive cardiac failure</u> DUE TO (c) <u>P. acute Lob. Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2/27-60</u> <u>Sudden</u> <u>2/15-60</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 a.m. p.m. Month, Day, Year					
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		STATE
21. I attended the deceased from <u>2/15-60</u> to <u>2-26-60</u> and last saw him alive on <u>2-26-60 AM</u> Death occurred at <u>Research Hosp</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>A. Saladino, M.D.</u>			22b. ADDRESS <u>1040 Argyle Blvd</u>		22c. DATE SIGNED <u>2-27-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-29-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt St Marys</u>		23d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>SEBBETO'S K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-28-60</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Forrest P. Coldman

Licensed Embalmer No. 4714

P.O. Address 1000

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.