

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007041

FILED VS MAR 15 1960

Registration District No. 172 Primary Registration District No. 42-7-3 5643 28 Registrar's No.

STATE FILE NUMBER

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|--|--|---|---|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</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>FREEDOM</u> | | Length of stay in lb <u>10 min</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>1/2 MI W. OF CONCORDIA, MO</u> | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>3411 E. 9th STREET</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>MICHAEL</u> Middle <u>JOSEPH</u> Last <u>CIRESE</u> | | | | 4. DATE OF DEATH Month <u>MARCH</u> Day <u>7</u> Year <u>1960</u> | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>3-1-16</u> | 9. AGE (last birthday) <u>44</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECRETARY - TREASURER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>UNIVERSAL FRIGORIFERS</u> | | 11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, MO</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>JOSEPH C. CIRESE SR.</u> | | | 13b. MOTHER'S MAIDEN NAME <u>MARY GARGOTTA</u> | | | 14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/> | |
| 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>496-34 4111</u> | | 17. INFORMANT Address <u>J. C. CIRESE SR. 3411 E. 9th ST.</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>Motor Car Collision</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Basal Skull fracture</u> | | | | | | | |
| DUE TO (c) <u> </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 checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) <u>Motor Car Struck on in & Collided</u> | | | | | |
| 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u> <u> </u> <u> </u> | | With a Greyhound Bus? | | | | | |
| 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, etc.) <u>NW 1/4 Highway</u> | | 20f. CITY, TOWN, OR LOCATION <u>Concordia Lafayette MO</u> | | COUNTY <u> </u> STATE <u> </u> | |
| 21. I attended the deceased from <u>of my death</u> to <u> </u> and last saw her/him <u>Never</u> Death occurred at <u>1 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Dr. Martin D. Coroner</u> | | | | 22b. ADDRESS <u>Odessa MO</u> | | 22c. DATE SIGNED <u>3-7-60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal Auto</u> | | 23b. DATE <u>3/7/60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MT OLIVER</u> | | 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u> | | |
| 24. FUNERAL DIRECTOR <u>E. S. James</u> ADDRESS <u>Concordia, Mo</u> | | | 25. DATE RECD. BY LOCAL REG. <u>Mar. 7, 60</u> | | 26. REGISTRAR'S SIGNATURE <u>Lutice Gordon Jordan</u> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 17 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Mr _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. S. James _____

Licensed Embalmer No. 2058

P. O. Address Conradia.

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.