URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-010923

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1705

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: 1902
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1046 E 5th
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): 1046 E 5th.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ALESSIO Middle: ETIOPIA Last:

4. DATE OF DEATH: Month 3 Day 21 Year 60

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-2-1875

9. AGE (last birthday): 84

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): Section Hand

10b. KIND OF BUSINESS OR INDUSTRY: R.R.

11. BIRTHPLACE (City and state or country): SICILY, ITALY

12. CITIZEN OF WHAT COUNTRY: ITALY

13a. FATHER'S NAME: Alfonso Etiopia

13b. MOTHER'S MAIDEN NAME: Teresa Rose Giacontieri

14. NAME OF HUSBAND OR WIFE: Rose

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.: 709-12-1421

17. INFORMANT: Rose Etiopia Address: 1046 E 5th

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 — INTERVAL BETWEEN ONSET AND DEATH:

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): ARTERIOSCLEROSIS GENERALIZED — 1 YR

DUE TO (c):

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 Oct 1959, to MARCH 21 1960 and last saw him alive on MARCH 21 1960

Death occurred at 11 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edward P. Altomare (Degree or title) MD.

22b. ADDRESS: 2610 E 63rd St

22c. DATE SIGNED: 3-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-24-61

23c. NAME OF CEMETERY OR CREMATORY: Elmwood Cem

23d. LOCATION (City, town, or county) (State): K.C. Mo.

24. FUNERAL DIRECTOR: SEBBETO'S ADDRESS: K.C. Mo.

25. DATE RECD. BY LOCAL REG.: 3-23-60

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Edward P. Altomare

2610 E 63rd
Altoona

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_____
Signature of Student Embalmer

Signed Forrest D Caldwell

Licensed Embalmer No. X714

P. O. Address K C M

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.