

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 12 1960

60-011408

STATE FILE NUMBER

Registration District No. 250 Primary Registration District No. 5572 Registrar's No. 88

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> COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Prairie</u>		Length of stay in 1b <u>1 yr.</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>Jackson County Hosp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4015 East 17th St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jaek</u> Middle <u>—</u> Last <u>Giengalanti</u>			4. DATE OF DEATH Month <u>March</u> Day <u>26</u> Year <u>1960</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>Italian</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/20/1905</u>	9. AGE (last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN LABORER</u>		11. BIRTHPLACE (City and state or country) <u>Sicily</u>		12. CITIZEN OF WHAT COUNTRY <u>UNKNOWN</u>

13a. FATHER'S NAME <u>JOSEPH J. GRANGALANTE</u>		13b. MOTHER'S MAIDEN NAME <u>MONUELLA FENANTELL</u>		14. NAME OF HUSBAND OR WIFE <u>MARY GIANGALANTE</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>NONE</u>		17. INFORMANT <u>MARY GIANGALANTE</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>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____ 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. <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		COUNTY _____ STATE _____	

21. I attended the deceased from 2-1-60 to 3-26-60 and last saw ^{her}/_{him} alive on 3-26-60
 at 11:45 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Philip J. Ager M.D.</u>		22b. ADDRESS <u>Lee's Summit, Mo</u>		22c. DATE SIGNED <u>3/28/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST MARY'S CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>

24. FUNERAL DIRECTOR ADDRESS <u>PASSANTINO BROS. KANSAS CITY, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>3-29-1960</u> 26. REGISTRAR'S SIGNATURE <u>N.B. Langford</u>	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(License 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed D. B. Langenberg

Licensed Embalmer No. 496

P. O. Address Lee's Summit

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.