RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-015503

FILED VS APR 25 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1887 STATE FILE NUMBER

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 54 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Downtown Hosp
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) 531 Charlotte
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MARGARET Middle Last MATURO
4. DATE OF DEATH Month 4 Day 1 Year 1960

5. SEX F.
6. COLOR OR RACE W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH OCT 11 1905
9. AGE (last birthday) 54
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) Cashier
10b. KIND OF BUSINESS OR INDUSTRY Food
11. BIRTHPLACE (City and state or country) Kansas City Mo. U.S.A.
12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Antonio Maturo
13b. MOTHER'S MAIDEN NAME Faustina La Capra
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-20-7202
17. INFORMANT Pete Maturo Address 531 Charlotte

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinatosis(adeno carcinoma)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (Primary) Gall Bladder
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH Three to four months

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 1952 to 1960-4-1 and last saw her/him alive on 4-1-1960
Death occurred at 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Robert Nigro (Degree or title) MD
22b. ADDRESS 1222 McGee, K.C., Mo.
22c. DATE SIGNED 4-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-4-60
23c. NAME OF CEMETERY OR CREMATORY St Marys 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. 4-2-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF E. ROBERT NIGRO

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 D. Coldsnow

Licensed Embalmer No. 4714

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.