

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015556

FILED VS MAY 16 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2404 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived.) If instituting: 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 lb <u>1902</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>1121 Pacific</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>BALDASARO</u> Middle <u>PALMENTERE</u> Last			4. DATE OF DEATH Month <u>4</u> Day <u>29</u> Year <u>60</u>			
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>12-8-1876</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FEEDLER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FRUIT & VEG</u>	11. BIRTHPLACE (City and state or country) <u>Italy</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Vincenzo Palmentere</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Mangioracina</u>	14. NAME OF HUSBAND OR WIFE <u>Maria</u>
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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.	17. INFORMANT <u>Maria Palmentere</u> Address <u>1121 Pacific</u>
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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>Toxemia (Diabetes Mellitus)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4/ - 4/ 2/26/30</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Perforation of sigmoid Congestive Cardiac Failure</u>	
	DUE TO (c) <u>acute diverticulitis</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"/> N- <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour <u>5A</u> Month, Day, Year <u>4-29-60</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>1040 Argyle Bldg</u> COUNTY STATE
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21. I attended the deceased from <u>4-26-60</u> to <u>4-29-60</u> and last saw him alive on <u>4-28-60</u> Death occurred at <u>4-29-60 5A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>a Saladino</u> (Degree or title)	22b. ADDRESS <u>1040 Argyle Bldg</u>	22c. DATE SIGNED <u>4-29-60</u> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-2-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt St Marys Cem KC Mo</u>	23d. LOCATION (City, town, or county)
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24. FUNERAL DIRECTOR <u>SEBETO'S</u> ADDRESS <u>KE Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4-29-60</u>	26. REGISTRAR'S SIGNATURE <u>Never Marshall</u>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF A Saladino

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.