

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5691 - 60-041921

FILED VS DEC 5 1960

149

Primary Registration District No. 1.002

5691

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>10 yrs. 1/2</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1812 Independence Ave.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2463 Denver</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MR. ANTONIO CHIRILLO</b>				4. DATE OF DEATH Month Day Year <b>Nov. 10, 1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Italian</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-2-02</b>	9. AGE (last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Repairman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Tony's Shoe Repair</b>		11. BIRTHPLACE (City and state or country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Joseph Chirillo</b>			13b. MOTHER'S MAIDEN NAME <b>Marianna Marisco</b>			14. NAME OF HUSBAND OR WIFE <b>Maria I. Chirillo</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>371-22-1145</b>		17. INFORMANT Address <b>Mrs. Maria I. Chirillo--2463 Denver</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>								
DUE TO (b) <b>atherosclerosis of coronary arteries</b>								
DUE TO (c) <b>Arteriosclerotic Cardiovascular Disease</b>								
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 <b>10/10/60</b> to <b>11/10/60</b> and last saw <sup>her</sup> him alive on <b>10/7/60</b> . Death occurred at <b>3:20 p.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>H. A. Underwood, M.D.</b>				22b. ADDRESS <b>5100 E 24th K.C. Mo</b>			22c. DATE SIGNED <b>11/14/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>11-11-60 Burial</b>		23b. DATE <b>11-11-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kansas City Missouri</b>		(State)
24. FUNERAL DIRECTOR <b>Melody-MoGilley-Eylar --1800 E. Linwood</b>				25. DATE RECD. BY LOCAL REG. <b>11-11-60</b>		26. REGISTRAR'S SIGNATURE <b>H. L. Dwyer</b>		

DOCUMENT

BY AFFIDAVIT OF H. A. Underwood, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2024

Dr. Anderson  
24th & June  
K.C. - Mo.

Time of  
3:20 PM  
11-  
5100 2

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James E. Hackler

Licensed Embalmer No. 457

P. O. Address K.C., Mo.

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