

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-005410  
STATE FILE NUMBER

AMENDED  
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 807

**FILED VS MAR 3 1961**

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 35yrs  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7333 Walnut 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) 7333 Walnut Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Myron Middle J. Last Longinotti  
4. DATE OF DEATH Month 2 Day - 12 Year - 1961

5. SEX male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10-7-1902 9. AGE (last birthday) 58  
IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Credit Mgr. 10b. KIND OF BUSINESS OR INDUSTRY Mobil Oil Co. 11. BIRTHPLACE (City and state or country) Hot Springs, Ark. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph J. Longinotti 13b. MOTHER'S MAIDEN NAME Clotilda Badaracca 14. NAME OF HUSBAND OR WIFE Lee Longinotti

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Mrs. Lee Longinotti Address 7333 Walnut

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH CAUSED BY:  
IMMEDIATE CAUSE (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH Unknown  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized Unknown  
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 1-7-61 to 2-12-61 and last saw <sup>him</sup> <sub>her</sub> alive on 1-25-61  
Death occurred at 2-12-1961 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W.G. Stelmach M.D. 22b. ADDRESS 7951 State Line 22c. DATE SIGNED 2/15/61  
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-16-1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar 20 W. Linwood 25. DATE RECD. BY LOCAL REG. 2-15-61 26. REGISTRAR'S SIGNATURE Ruth Long  
K.C. II, Mo. (Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
SHOULD READ  
ITEM NO.

Dr. Helmsch  
7951 State  
after 11:30 AM

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed W. A. Gentry

Licensed Embalmer No. 5038

P. O. Address K. C. Mo.

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.