SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021235
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2711

FILED JUN 21 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 7yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RESEARCH 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) 524 OLIVE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) (Alias First John Martina) Middle SAM Last DE MARTINO
4. DATE OF DEATH Month 5 Day 31 Year 61
5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH
9. AGE (last birthday) 72 — 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) FARMER
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) ITALY
12. CITIZEN OF WHAT COUNTRY —
13a. FATHER'S NAME RALPH DE MARTINO
13b. MOTHER'S MAIDEN NAME GIOVANNINA BELEGIERE
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT MRS VIO FONTANA 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) Toxemia — INTERVAL BETWEEN ONSET AND DEATH 5-31-61
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute (R) Lobar Pneumonia — 5-30-61
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 5-30-61, to 5-31-61 and last saw him alive on 5-31-61 (11 AM)
Death occurred at Research Hosp. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. Saladino, M D
22b. ADDRESS 1040 Argyle Bldg
22c. DATE SIGNED 6-1-61

A. Saladino

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 6-2-61
23c. NAME OF CEMETERY OR CREMATORY MT ST MARY'S
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. 6-1-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

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 Forest D. Goldsmow

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 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.