OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-041206

ENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5607

FILED DEC 1 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 56 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 204 E 75
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas city
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 204 E 75 (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CALOGERO Middle (CARL) Last PELLETTIERE
4. DATE OF DEATH Month 11 Day 6 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-18-1886
9. AGE (last birthday) 75
IF UNDER 1 YEAR · IF UNDER 24 HR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone mason
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Campo - Franco - Italy
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Carmello Pellettiere
13b. MOTHER'S MAIDEN NAME Angeline Cropsi
14. NAME OF HUSBAND OR WIFE Quadenzia -
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.
17. INFORMANT Quadenzia Pellettiere Address 204 E 75

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) Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardio-vascular
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 1947 to 11-6-61 and last saw her him alive on 11-6-61.
Death occurred at 1:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry K. Cohen (Degree or title) M.D.
22b. ADDRESS 751 E 63rd St.
22c. DATE SIGNED 11-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-8-1961
23c. NAME OF CEMETERY OR CREMATORY St Mary Cem.
23d. LOCATION (City, town, or county) (State) Kansas City, Mo

24. FUNERAL DIRECTOR Cassantino Bros
ADDRESS KC Mo
25. DATE RECD. BY LOCAL REG. 11-8-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Harry K. Cohen

ITEM NO. SHOULD READ

731 E63.
Em 1-2123

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 L. C. Passantino

Licensed Embalmer No. 4554

P. O. Address KC 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.