

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH AND WELFARE

-61-045071

1002

6027

STATE FILE NUMBER

AMENDED

Registration District No. 149
FILED DEC 18 1961

Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 51 yrs.	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 715 Garfield Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Joseph (Giuseppe) Sole			4. DATE OF DEATH Month Day Year Nov. 28, 1961
5. SEX male	6. COLOR OR RACE white	7. MARRIAGE STATUS Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-29-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) Labourer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 82
13a. FATHER'S NAME Matthew Sola		13b. MOTHER'S MAIDEN NAME Georgia Scribiano	11. BIRTHPLACE (City and state or country). Ragusa Sicily
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		14. NAME OF HUSBAND OR WIFE Raffaella	
17. INFORMANT Raffaella Sola			Address 715 Garfield
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (a) cerebral hemorrhage DUE TO (b) arteriosclerotic cardio vascular DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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			INTERVAL BETWEEN ONSET AND DEATH 1 day
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT, SUICIDE, HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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, Month, Day, Year a.m. p.m.		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 1960 to _____ and last saw her alive on 11-28-61 Death occurred at 6:30P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Physician or other) _____		22b. ADDRESS 715 B. Garfield St.	22c. DATE SIGNED 11-29-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-1-61	23c. NAME OF CEMETERY OR CREMATORY St. Mary's	23d. CITY, TOWN, OR COUNTY Kansas City, Mo.
24. FUNERAL DIRECTOR Passantino Bros. Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 11-30-61	26. REGISTRAR'S SIGNATURE Ruth Long

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
HARRY J. COHEN

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 *R. 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.

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.