

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001997

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 15 1962 Primary Registration District No. 1002 Registrar's No. 599 STATE FILE NUMBER

TE
B

AMENDED

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 1b 53 yrs.	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 532 Campbell		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 532 Campbell		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARIA - SCHIAVO			4. DATE OF DEATH Month Day Year 1 31 62		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-11-93	9. AGE (last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Italy		12. CITIZEN OF WHAT COUNTRY Italy
13a. FATHER'S NAME Vincenzo DiMaggio		13b. MOTHER'S MAIDEN NAME Filippa Caruso		14. NAME OF HUSBAND OR WIFE Ignazio Schiavo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Leavenworth, Kansas Mrs. Vincent Mannino: Route #2	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute coronary thrombosis					1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Arteriosclerotic heart disease
DUE TO (c) Generalized Arteriosclerosis					10 years
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 checked="" 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 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 6-3-62 to 1-31-62 and last saw her/him alive on 1-8-62 Death occurred at 11:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>E. Robert Negro</i> (Degree or title)			22b. ADDRESS 1222 McGee, Kansas City, Mo.		22c. DATE SIGNED 1-31-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-3-62	23c. NAME OF CEMETERY OR CREMATORY Mount Saint Mary's Cem. Kansas City, Missouri	23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR PETER B. LAPETINA: 536-38 Campbell		ADDRESS K.C., Mo.	25. DATE RECD. BY LOCAL REG. 2-1-62	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Robert Negro

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
ITEM NO. SHOULD READ

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,

~~by~~ _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Jack J. Moore

Licensed Embalmer No. 4729

P. O. Address Thibault, 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.