

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015511

1999 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

FILED APR 20 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas city</u>		Length of stay in 1b <u>55 yrs</u>	c. CITY OR TOWN <u>Kansas city</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1012 E Missouri ave</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1012 E Missouri Ave</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANCISCO TROPITO</u>		4. DATE OF DEATH Month Day Year <u>4-8-1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-11-1881</u>
9. AGE (last birthday) <u>80</u>		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) <u>free man</u>		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) <u>Campanella Italy USA</u>
12. CITIZEN OF WHAT COUNTRY —		13. FATHER'S NAME <u>Carmelo Troppito</u>	
14. MOTHER'S MAIDEN NAME <u>unk</u>		15. NAME OF HUSBAND OR WIFE —	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. SOCIAL SECURITY NO. <u>unk</u>	18. INFORMANT <u>Mrs Lina Provanzano 1112 E Mo Ave</u>
19. ADDRESS —		20. ADDRESS —	
21. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Boxemia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>Congestive heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4/1-64</u> <u>6/11-1958</u> <u>9/2-61</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I		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	
22. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	23a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	24. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
25. TIME OF INJURY Hour a.m. p.m.	26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		28. CITY, TOWN, OR LOCATION COUNTY STATE	
29. I attended the deceased from <u>6-11-1908</u> to <u>4-8-62</u> and last saw him alive on <u>4-7-62</u>		30. Death occurred at <u>1012 E Mo. Av. 4/8-12A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
31. SIGNATURE (Degree or title) <u>A. Saladino, M.D.</u>		32. ADDRESS <u>1040 Argyle Bldg</u>	
33. DATE SIGNED <u>4-10-62</u>		34. SIGNATURE <u>Ruth Long</u>	
35. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	36. DATE <u>4-11-1962</u>	37. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cem.</u>	38. LOCATION (City, town, or county) (State) <u>Kansas city Mo</u>
39. FUNERAL DIRECTOR <u>Resurrection Bros Kc Mo</u>		40. ADDRESS <u>4-10-62</u>	
41. DATE RECD. BY LOCAL REG. <u>4-10-62</u>		42. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Saladin

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

RL Rosentino

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.