MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-023265

STATE FILE NUMBER

Registration District No. V49 Primary Registration District No. 002 Registrar's No. 3315

FILED JUL 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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: 70 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3238 Morrell
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): 3238 Morrell
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARIA Middle MATACIA Last
4. DATE OF DEATH: Month 6 Day 22 Year 62
5. SEX: F.
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-22-73
9. AGE (last birthday): 88
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Italy
12. CITIZEN OF WHAT COUNTRY: Italy
13a. FATHER'S NAME: BIAGIO CULOTTA
13b. MOTHER'S MAIDEN NAME: GIUSEPPA MERCURIO
14. NAME OF HUSBAND OR WIFE: GIUSEPPE MATACIA
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.: NONE
17. INFORMANT: SAM PASCUZZI Address: 3238 MORRELL

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Lobar Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Malnutrition - Weakness
DUE TO (c): Senility
INTERVAL BETWEEN ONSET AND DEATH: 3 days
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 June 18th, to June 22nd and last saw her/him alive on June 22nd.
Death occurred at 3238 Morrell 10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. E. Scardino (Degree or title) D.O.
22b. ADDRESS: 929 Bryant Bldg
22c. DATE SIGNED: 6-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-25-62
23c. NAME OF CEMETERY OR CREMATORY: MT ST MARYS
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.: 6-23-62
26. REGISTRAR'S SIGNATURE: Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

A. E. Scardino, D.O.
MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	98		
3			
4	1		
5	2		
6			
7	2		
8	0		
9	286.5		
10			
11			
12	90-2		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Forrest D. Coldsnow

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.