

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024267

3380

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 6002 Registrar's No. 3380

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>60 yrs</u>	c. CITY OR TOWN <u>Kansas city</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Clare Sisters of the Poor</u>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>631 Benton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>VIRGINIA</u> Middle <u>DI</u> Last <u>CAPO</u>			4. DATE OF DEATH Month <u>6</u> Day <u>14</u> Year <u>1963</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Wh</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>1-14-1870</u>	9. AGE (last birthday) <u>93</u>	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) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Camporeale, Italy</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Anthony Lesita</u>		13b. MOTHER'S MAIDEN NAME <u>Marianna Randazzo</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of serv) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs Carl Mighione 631 Benton</u>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
DUE TO (b) <u>Arteriosclerosis</u>		
DUE TO (c) <u>None</u>		
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 a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>3/19/58</u> to <u>6/14/63</u> and last saw her <u>alive</u> on <u>6/13/63</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Joseph A. Fogarty MD</u>		22b. ADDRESS <u>409 Northwood Rd. G. 9 Mo</u>	22c. DATE SIGNED <u>6/15/63</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>	23b. DATE <u>6-17-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cam</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas city Mo.</u>
24. FUNERAL DIRECTOR <u>Desantens Bros</u> ADDRESS <u>KC Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6-16-63</u>	26. REGISTRAR'S SIGNATURE <u>Ruth H. Long</u>	

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	ITEM NO.	SHOULD READ	DOCUMENT	INSTEAD OF	BY AFFIDAVIT OF
VS 300 Rev. 4/59							Joseph A. Fogarty
1							
2		3188					
3							
4		1					
5		2					
6							
7		2					
8		0					
9		332X					
10							
11							
12		86-2					
13							

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF Joseph A. Fogarty

*De Fozgarte*

8-1-80  
- 8-8-0  
- 8-8-0  
- 8-8-0

**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 *Al 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.