

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37089

State File No.

FILED NOV 22 1949

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>4616</u>
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, write RURAL and give township) OR TOWN <u>K. Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>K. Kansas City</u>		
c. LENGTH OF STAY (in this place) <u>58 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2933 BALES</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MENORAH HOSP</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MRS CARRIE</u>		b. (Middle) <u>ALTIERI</u>		c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) <u>10 28 49</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED: NEVER MARRIED, WIDOWED; DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>MAR 29 1891</u>	9. AGE (In years last birthday) <u>58</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>				
13a. FATHER'S NAME <u>PASQUALE STASI</u>		13b. MOTHER'S MAIDEN NAME <u>FILomenA MAZZA</u>		14. NAME OF HUSBAND OR WIFE <u>LOUIS ALTIERI</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>DOMNICK ALTIERI</u> ADDRESS <u>2933 BALES</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lymphoblastoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2017</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy = lymphoblastoma</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>10-28</u> 19 <u>49</u> , to <u>10-28</u> 19 <u>49</u> , that I last saw the deceased alive on <u>10-28</u> , 19 <u>49</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>J. A. Nigro</u>		23b. ADDRESS <u>925 Angyle</u>		23c. DATE SIGNED <u>10-28-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/31/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT ST MARYS</u>
24d. LOCATION (City, town, or county) (State) <u>K.C. MO.</u>				
DATE REC'D BY LOCAL REG. <u>10-30-49</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBBETO'S</u> ADDRESS <u>CITY</u>

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer

Signed _____

Ray E. Snow

Licensed Embalmer No. 2560

P. O. Address R Q 7th

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 this body is not embalmed, fact should be so stated above.