.S. No. 300
EV. 10.48

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

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41037

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5107

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 1922
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VINYARD PARK HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY MO 46 2
d. STREET ADDRESS (If rural, give location): 548 CAMPBELL 3 1

3. NAME OF DECEASED (Type or Print)
a. (First): TERESA
b. (Middle):
c. (Last): CASCONE

4. DATE OF DEATH (Month) (Day) (Year): 11 30 49

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 5
8. DATE OF BIRTH: SEPT 24 1895
9. AGE (In years last birthday): 54 | If under 1 year: Months | Days | If under 24 hrs.: 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 (State or foreign country): ITALY 5
12. CITIZEN OF WHAT COUNTRY?: ITALY

13a. FATHER'S NAME: HUGO ROSSI
13b. MOTHER'S MAIDEN NAME: VINCENZA PASAMONTI
14. NAME OF HUSBAND OR WIFE: FRED CASCONE (DECEASED)

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.: —
17. INFORMANT'S SIGNATURE OR NAME: WALTER CASCONE
ADDRESS: KC MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) APOPLEXY — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HYPERTENSION
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 334X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* NOV 10, 1948, *to* NOV 29, 1949, *that I last saw the deceased alive on* OCT 10, 1949, *and that death occurred at* 2:PM m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward P. Altomare (Degree or title) M.D.
23b. ADDRESS: 1030 E. PACIFIC KC, MO
23c. DATE SIGNED: 12/1/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12/3/49
24c. NAME OF CEMETERY OR CREMATORY: MT ST MARY'S CEM
24d. LOCATION (City, town, or county) (State): KANSAS CITY MO

DATE REC'D BY LOCAL REG.: 12-2-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: SEBBETO'S
ADDRESS: CITY

(Licensed Embalmer's Statement on Reverse Side)

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 Roy E. Snow

Licensed Embalmer No. 2560

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