

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9063

State File No. _____

| | | | | | | | |
|---|----------------------------------|--|--|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>957</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) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>10 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>556 Hanson</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>556 Hanson</u> | | | | d. STREET ADDRESS (If rural, give location) <u>556 Hanson 2050</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SALVATORE</u> | | | b. (Middle) | | c. (Last) <u>VAZZANO</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-25-50</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Sept 2nd 1882</u> | 9. AGE (In years last birthday) <u>67</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>27</u> | IF UNDER 4 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Corn Products</u> | | 11. BIRTHPLACE (State or foreign country) <u>Italy</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Marrion Vazzano</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary LaBuzzo</u> | | 14. NAME OF HUSBAND OR WIFE <u>Sauline</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service <u>No</u> | | 16. SOCIAL SECURITY NO. <u>486-01-5734A</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Merion Vazzano 556 Hanson</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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sudden coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary disease</u> DUE TO (c) <u>cardiac failure</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>25</u> <u>2-3-50</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (m.) | | 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>2-3-</u> , 19 <u>50</u> , to <u>2-25-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9 AM-2/19/50</u> , and that death occurred at <u>12 A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Anthony Saladino</u> (Degree or title) <u>Anthony Saladino, M.D.</u> | | | | 23b. ADDRESS <u>721 Rialto Bldg</u> | | 23c. DATE SIGNED <u>2-28-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-1-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | | 24d. LOCATION (City, town, or county) (State) <u>KC Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>3-1-50</u> | | REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert C. [unclear]</u> | | ADDRESS <u>KC Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 Peter B. Lapetina

Licensed Embalmer No. 4276

P. O. Address KCM

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.