

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16676

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2249

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>4200 Park</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Polyclinic Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Constantini</u> b. (Middle) <u>Ciet</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Jan. 14, 1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MTH. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>coal mines</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>---</u>
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13a. FATHER'S NAME <u>no record</u>	13b. MOTHER'S MAIDEN NAME <u>no record</u>	14. NAME OF HUSBAND OR WIFE <u>Maria Ciet</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Vacca</u>	ADDRESS <u>4200 Park K. C. Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>443X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac dilatation</u>		
	ANTECEDENT CAUSES (b) <u>essential hypertension</u> <i>*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
DUE TO (c) <u>arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>chronic interstitial nephritis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb. 17, 1950, to May 17, 1950, that I last saw the deceased alive on May 17, 1950, and that death occurred at 8:15P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Anthony J. Scimeca</u> (Degree or title)	23b. ADDRESS <u>2624 Independence Blvd.</u>	23c. DATE SIGNED <u>5-18-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>---</u>	24d. LOCATION (City, town, or county) (State) <u>Frontenac, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>5-18-50</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. E. Quirk</u>	ADDRESS <u>4316 Troost</u>
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

WRITE PLAINLY—USING UNFADING INK

as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		(the underlying cause last) DUE TO (c) <u>Arterio Sclerosis</u>		1950 5-1-50	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Chronic interstitial nephritis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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>Feb. 17, 1950</u> to <u>May 17, 1950</u> , that I last saw the deceased alive on <u>May 17, 1950</u> , and that death occurred at <u>8:15 P.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>Anthony J. Scimeca</u> (Degree or title)		23b. ADDRESS <u>2624 Independence Blvd.</u>		23c. DATE SIGNED <u>5-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 18, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frontenac, Kas.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. E. Quirk</u> ADDRESS <u>4316 Troost Ave.</u>			
DATE REC'D BY LOCAL REG. <u>5-18-50</u>		REGISTRAR'S SIGNATURE <u>Maldine Holmes</u>			

(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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Thomas J. Smith

Licensed Embalmer No. _____

P. O. Address _____

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.