

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26796

State File No. **3622**

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

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) 18 Year | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5637 East 29th Terrace | | d. STREET ADDRESS (If rural, give location) 5637 East 29th. Terrace | |

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| 3. NAME OF DECEASED (Type or Print) MINNIE | a. (First) | b. (Middle) | c. (Last) CASTAGNO | 4. DATE OF DEATH (Month) (Day) (Year) August 23 1950 |
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| 5. SEX Fe | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec. 8, 1870 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (State or foreign country) Italy | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Anthony Bellino | 13b. MOTHER'S MAIDEN NAME Catherine | 14. NAME OF HUSBAND OR WIFE John Castagno |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Catherine Miller | ADDRESS 5637 East 29th Ter |
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| 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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs. Unknown |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION None | 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) (Min.) | 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 July 1, 1950 to Aug 22, 1950, that I last saw the deceased alive on Aug 21, 1950, and that death occurred at 1:05 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE Frank E. Day (Degree or title) D.O. | 23b. ADDRESS 4314 E 9th K.C.Mo. | 23c. DATE SIGNED 8-23-50 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 8-26-1950 | 24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| DATE REC'D BY LOCAL REG. 8-24-50 | REGISTRAR'S SIGNATURE Heraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE Mrs. G.L. Forster | ADDRESS Kansas City, Missouri |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. F. E. Day
Be 0162
4314 E 9th. St.

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 _____

Clayton R. Barnes

Licensed Embalmer No. 4793

Signed.....
Student Embalmer

P. O. Address 918 Brooklyn, 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.