

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20385

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2666

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>38 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City, 178</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1841 E 8th St</b>		d. STREET ADDRESS (If rural, give location) <b>1841 E 8th St</b>	

3. NAME OF DECEASED (Type or Print) <b>Anthony Spalitto</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-20-51</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 22 1877</b>	9. AGE (In years last birthday) <b>73</b>	# UNDER 1 YEAR Months	# 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) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Italy</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Pete Spalitto</b>	13b. MOTHER'S MAIDEN NAME <b>BARBERI</b>	14. NAME OF HUSBAND OR WIFE <b>Jennie Spalitto</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>500-22-1189</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Pete Spalitto</b>	ADDRESS <b>5337 East 14th Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIO SCLEROTIC HEART DISEASE</b>	DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>H200</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION.	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 **6-20-1951**, to **6-20-1951**, that I last saw the deceased alive on **6-20-1951**, and that death occurred at **12:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edward P. Altomare M.D.</b>	23b. ADDRESS <b>1031 E. Pacific K.C. Mo</b>	23c. DATE SIGNED <b>6-22-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>6-22-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Olivete</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>
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DATE REC'D BY LOCAL REG <b>6-22-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Passantino Bros</b>	ADDRESS <b>13 C Mo</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed

*Francis Walter*

Licensed Embalmer No. *2744*

P. O. Address *12 E 110*

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.