

FILED APR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8301

1447

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) SOYRS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY			
d. FULL NAME OF HOSPITAL OR INSTITUTION 631 E 60TH				d. STREET ADDRESS (If rural, give location) 1131 PACIFIC 305°0			
3. NAME OF DECEASED (Type or Print) PETE		a. (First)		b. (Middle) Cammisa		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 3 27 52		5. SEX MO		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	
8. DATE OF BIRTH DEC 16 1966		9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ICE MAN		11. BIRTHPLACE (State or foreign country) ITALY 5	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ANTONINO CAMMISA		13b. MOTHER'S MAIDEN NAME VINENZA		14. NAME OF HUSBAND OR WIFE (DEC)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS JOSEPH CARUSO 631 E 60TH			
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					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE		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) ARTERIOSCLEROSIS GENERALIZED		420					
11. 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				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 3-7, 1952 to 3-26, 1952, that I last saw the deceased alive on 3-26, 1952, and that death occurred at 6:20 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Edward P. Altomare (Degree or title)				23b. ADDRESS 1030 E. Pacific K.C. Mo		23c. DATE SIGNED 3-28-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-29-52		24c. NAME OF CEMETERY OR CREMATORY ST MARYS		24d. LOCATION (City, town, or county) (State) K.C. MO	
DATE REC'D BY LOCAL REG. 3-29-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S		ADDRESS K.C. MO	

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

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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 Russell M. France

Licensed Embalmer No. 4255

P. O. Address KE 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.