

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13065  
1590

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>46 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>115 S. Van Brunt</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>SEBASTIAN</b>	a. (First)	b. (Middle)	c. (Last) <b>PATTI</b>	4. DATE OF DEATH <b>April 4, 1952</b>	(Month) (Day) (Year)
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-20-84</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President Sebastian-Patti Constr. Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Italy</b>	12. CITIZENRY OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>SALVATORE PATTI</b>	13b. MOTHER'S MAIDEN NAME <b>SCRAFINA RAGOZZO</b>	14. NAME OF HUSBAND OR WIFE <b>Rosalina Patti</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>459-09-3858</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Salvatore S. Patti</b> ADDRESS <b>5050 Oak St., KC Mo.</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		<b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diffuse Cerebral Arteriosclerosis</b> <b>7 years</b> DUE TO (c) <b>Arterial Hypertension</b> <b>7 years</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cardiac Hypertrophy</b> <b>7 years</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 **Sept 12, 1939**, to **April 4, 1952**, that I last saw the deceased alive on **April 4, 1952**, and that death occurred at **9:29 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Graham Asher</b> (Degree or title) <b>W.D.</b>	23b. ADDRESS <b>1220 Professional Bldg</b>	23c. DATE SIGNED <b>4-5-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/8/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>4-7-52</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b> ADDRESS <b>Kansas City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*W. ...*  
*... ..*  
*... ..*  
*... ..*  
*... ..*

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.....

*J.T. Crowell*

Student Embalmer No. *451*

working under my personal supervision.

Student

*J.T. Crowell*  
Student Embalmer

Signed

*J. J. Allen*

Licensed Embalmer No. *1415*

P. O. Address *14 C MD*

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.