No. 300
10.48

FILED JUN 13 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16468

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2478

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Menorah Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 5117 Montgall

3. NAME OF DECEASED (Type or Print) a. (First) Augustino b. (Middle) c. (Last) Gatto

4. DATE OF DEATH (Month) (Day) (Year) 5-29-52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 19-1883
9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surveyor
10b. KIND OF BUSINESS OR INDUSTRY KCMo
11. BIRTHPLACE (City and State or Foreign Country) Italy 5
12. CITIZEN OF WHAT COUNTRY? Mo.

13a. FATHER'S NAME Augustino Gatto
13b. MOTHER'S MAIDEN NAME —
14. NAME OF HUSBAND OR WIFE Dora Gatto

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Dora Gatto ADDRESS 5117 Montgall

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Regurgitation — 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) Terminal Uremia — 2 wks
DUE TO (c) Nephrosclerosis — 3 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 446X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1947, *to* May 29, 1952, *that I last saw the deceased alive on* May 28, 1952 *and that death occurred at* 9:04 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE Harold Passman MD (Degree or title) Harold Passman MD
23b. ADDRESS Prof Bldg
23c. DATE SIGNED 5/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/2/52
24c. NAME OF CEMETERY OR CREMATORY St Marys
24d. LOCATION (City, town, or county) (State) KCMo

DATE REC'D BY LOCAL REG. 6-2-52
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Lola B. Lagetuen ADDRESS KCMo

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 4273

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.

(card changed)

State of Missouri } ss.
County of Jackson

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 164-08-3
Local Registrar's No. 2478

On this 24th day of April, 1953, before me appears Dora Gatto, who, upon her oath, states that the original record of ~~birth~~ death for Augustino Gatto, ~~born~~ died May 29, 1952, in the State of Missouri, and which was filed at K.C., Mo., on 6-2, 1952, should be corrected as follows:

Item No. 8 should read Oct. 19 1883
Instead of " " 1888

Item No. 9 should read 68 yrs.
Instead of 63 "

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of Verified by voting registrations

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Dora Gatto Relationship Wife

5117 Montgall, K.C. Mo.
Present Address

Subscribed and sworn to before me this 24th day of April, 1953

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—8-43
I X37817

S-16468