

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2397

16740

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS 301 East 70th Street		86	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) James	b. (Middle) A. (Tony)	c. (Last) SANSONE	Date May 24, 1952	Month May	Day 24	Year 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 2, 1893	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 58	IF UNDER 1 YEAR Days 58	IF UNDER 2 HRS. Hours 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rest. and Tavern Owner		10b. KIND OF BUSINESS OR INDUSTRY Rest. and Tavern		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Michael Sansone		13b. MOTHER'S MAIDEN NAME Susie Palassino		14. NAME OF HUSBAND OR WIFE Kathryn C. Sansone			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes World War # 1		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Kathryn C. Sansone 301 E. 70 St KCMO			
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure					3 weeks	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	DUE TO (b) Generalized Arteriosclerosis					6 weeks	
	DUE TO (c) Renal Insufficiency					3 weeks	
	II. OTHER SIGNIFICANT CONDITIONS						
	Early Primary Carcinoma of the apex left lung					1 week	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1003X						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)		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 Dec 21, 1941, to March 24, 1952 , that I last saw the deceased alive on March 24, 1952 , and that death occurred at 7:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Graham Asher (Degree or title) Graham Asher M.D.				23b. ADDRESS 1270 Professional Bldg Kansas City 6-200.		23c. DATE SIGNED 5-26-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 27, 1952	24c. NAME OF CEMETERY OR CREMATORY St. Marys		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. 5-26-52		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Asher
Prof. Bg 300 MON.

Sansone

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. 448

working under my personal supervision.

Student Arthur E. Hook
Student Embalmer

Signed Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.