

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24778**  
**3650**

FILED AUG 13 1959

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>1891</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>613 Forest</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Congetta</u> b. (Middle) <u>Ferina</u> c. (Last) <u>Ferina</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 1953</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 30, 1891</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Rosario Moley</u>	13b. MOTHER'S MAIDEN NAME <u>Rosalie Milioto</u>	14. NAME OF HUSBAND OR WIFE <u>Vincent Ferina</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vincent Ferina</u>
		ADDRESS <u>613 Forest K. C. Mo.</u>

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, asphyxia, 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) <u>Wernia</u>		<u>7/6-53</u>
ANTECEDENT CAUSES		1/10/53	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		1/10/53	
DUE TO (b) <u>Diabetes mellitus</u>		7/6/53	
DUE TO (c) <u>Cardiac Failure</u>			
II. OTHER SIGNIFICANT CONDITIONS		Severe anemia	
Conditions contributing to the death but not related to the disease or condition causing death.		7/6/53	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Bleeding gastric ulcer</u>		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 1-10-, 1953, to 7-22-, 1953, that I last saw the deceased alive on 7-22-, 1953 and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Saladino, M.D.</u>	(Degree or title)	23b. ADDRESS <u>1040 Argyle</u>	23c. DATE SIGNED <u>7/24/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/25/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Mary's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>

DATE REC'D BY LOCAL REG. <u>7-24-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBBETO FUNERAL HOME</u>	ADDRESS <u>K. C. MO.</u>
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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.....  
Signature of Student Embalmer

Signed *Forrest D. Coldanow*.....

Licensed Embalmer No. *4714*.....

P. O. Address *K. E. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.