

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40801**
5462

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>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>60 yrs</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>550 Harrison</u>		e. STREET ADDRESS (If not in hospital or institution, give street address of location) <u>550 Harrison</u>	

3. NAME OF DECEASED (Type or Print) <u>Rosa</u>		b. (Middle) <u>Regulia</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-26-54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widow</u>	8. DATE OF BIRTH <u>FEB 22, 1886</u>	9. AGE (In years last birthday) <u>68</u>	10. IF UNDER 1 YEAR Days _____
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, Foreign Country) <u>Cheruto Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>5</u>	

13a. FATHER'S NAME <u>Josano Pitanto</u>		13b. MOTHER'S MAIDEN NAME <u>Lilly Micheli</u>		14. NAME OF HUSBAND OR WIFE (If deceased) <u>Joseph Taragata</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u>	(If yes, give war or dates of service) <u>L</u>	16. SOCIAL SECURITY NO. <u>L</u>	17. DECEASED'S SIGNATURE OR NAME <u>Teresa Piraro</u> ADDRESS <u>550 Harrison</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4200</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 11-24, 1954, to 11-26, 1954, that I last saw the deceased alive on 11-26, 1954, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward P. Altomare M.D.</u>		23b. ADDRESS <u>1030 E Pacific</u>		23c. DATE SIGNED <u>11-27-54</u>	
24a. POTENTIAL CREMATION REMOVAL (Specify) <u>Funeral</u>	24b. DATE <u>11-29-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Mary's</u>	24d. LOCATION (City, town, or county) (State) <u>KS Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-27-54</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		GENERAL DIRECTOR'S SIGNATURE <u>John B. ...</u> ADDRESS <u>KS Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Edward P. Altomare

Wife's name changed by court order after husband's death.

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 *Peter B. Lagerman*.....

Licensed Embalmer No. *427*

P. O. Address *K C 2110*

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.