

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22056**  
**3118**

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3118</u>		
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) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>1906</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>923 E 4TH</u>				f. STREET ADDRESS (If rural, give location) <u>923 E 4TH 30380</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>VICTOR</u>			b. (Middle)		c. (Last) <u>CARUSO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 21 55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov 21 1879</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAPER HANGER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ITALY 5</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME <u>ROSARIA SEPREDIC</u>		14. NAME OF HUSBAND OR WIFE <u>MRS VINNIE CARUSO</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 ADDRESS <u>MRS VINNIE CARUSO 923 E 4TH</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>1 yr</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>4250</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)		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 <u>7/19</u> , 19 <u>55</u> , to <u>7/21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7/19</u> , 19 <u>55</u> , and that death occurred at <u>5 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edward P. Altomare</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1030 E Pacific K.C. Mo.</u>		23c. DATE SIGNED <u>7/22/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-25-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT ST MARY'S</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>			
DATE REC'D BY LOCAL REG. <u>7-23-55</u>		REGISTRAR'S SIGNATURE <u>newa minshall</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>SEBETO'S K.C. MO.</u>				

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

*Handwritten:*  
K. C. [unclear]  
H. [unclear]

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. Caldwell*.....

Licensed Embalmer No. *47*.....

P. O. Address *K. C. [unclear]*.....

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.