

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13193**
Registrar's No. **1364**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1364**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 50 yrs	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION 5541 ELMWOOD		STREET ADDRESS (If rural, give location) 5541 ELMWOOD 31st 0	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) (GIUSSEPPE) c. (Last) COSENTINO			4. DATE OF DEATH (Month) (Day) (Year) 3 27 56		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 10-17-1876		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City, and State or Foreign Country) ITALY	12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Cosimo COSENTINO	13b. MOTHER'S MAIDEN NAME MARIA	14. NAME OF HUSBAND OR WIFE DOMENICA
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JOHN COSENTINO	ADDRESS 7531 Mc GEE
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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, ashenia, 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) COLEEMIA			3/24-56
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Acute Lobar Pneumonia		3/24-56
	DUE TO (c) Diabetes Mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			490x

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 **3/24, 1956**, to **3/27, 1956**, that I last saw the deceased alive on **3/26, 1956**, and that death occurred at **6:45 AM.**, from the causes and on the date stated above.

23a. SIGNATURE A. Saladino (Degree or title) MD	23b. ADDRESS 1040 Argyle Plaza	23c. DATE SIGNED 3/29/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/30/56	24c. NAME OF CEMETERY OR CREMATORY MT ST MARYS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO
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DATE REC'D BY LOCAL REG. 3-30-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S	ADDRESS K.C. MO
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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.....
Signature of Student Embalmer

Signed *Forrest D. Colleson*

Licensed Embalmer No. *42*

P. O. Address *K. C. 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.