

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20699

State File No. _____

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2325

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 OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>1924</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>413 HOLMES</u>		e. STREET ADDRESS (If rural, give location) <u>413 HOLMES</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGINIA</u>	b. (Middle)	c. (Last) <u>SCIORTINO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 24 56</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>JULY 14 18 98</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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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>CAMPOREALE ITALY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jo Bruzzo</u> <u>JESSIE</u>	13b. MOTHER'S MAIDEN NAME <u>ANTIONETTE LUCITO</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN SCIORTINO</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>495-03-6723</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JOHN SCIORTINO</u>	ADDRESS <u>413 HOLMES</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 MOS.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ADENOCARCINOMA GALL BLADDER</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>155X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Nov 25, 1955 to MAY 24, 1956, that I last saw the deceased alive on MAY 24, 1956 and that death occurred at 8 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>5-25-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-28-56</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>
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DATE REC'D BY LOCAL REG. <u>5-26-56</u>	REGISTRAR'S SIGNATURE <u>neva menabell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBET'S</u>	ADDRESS <u>K.C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Edward P. Altomare

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. Coldsnow*

Licensed Embalmer No. *4218*

P. O. Address *K. C. 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.