

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018051
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2673

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>			
b. CITY OR TOWN <i>Lamar City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Lamar City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>D.O.A. Research Hosp</i>			Length of stay in lb <i>4 1/2 yrs</i>	d. STREET ADDRESS <i>342 S. Van Buren</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Tono</i> Middle Last <i>BURGIO</i>				4. DATE OF DEATH Month <i>5</i> Day <i>24</i> Year <i>58</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>April 19 1897</i>		9. AGE (In years last birthday) <i>61</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck Driver</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Country Park</i>		11. BIRTHPLACE (City and state or country) <i>Licata, Italy</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>VINCENT BURGIO</i>		13b. MOTHER'S MAIDEN NAME <i>JUDITH UNK.</i>		14. NAME OF HUSBAND OR WIFE <i>Catherine</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>497-36-5292</i>		17. INFORMANT <i>Catherine BURGIO</i> Address <i>342 S. Van Buren</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Coronary Thrombosis</i> DUE TO (b) <i>Coronary Insufficiency</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <i>5/24-58</i> <i>5/10-58</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>5-10-58</i> to <i>5-24-58</i> and last saw ^{her} him alive on <i>5/16-1958</i> Death occurred at <i>Research Hosp</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>A. Saladino, M.D.</i> (Degree or title)				22b. ADDRESS <i>1040 Argyle Bldg</i>		22c. DATE SIGNED <i>5-27-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>5-28-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt St Mary</i>		23d. LOCATION (City, town, or county) (State) <i>Kb Mo.</i>		
24. FUNERAL DIRECTOR <i>Sebetos</i> ADDRESS <i>Kb Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>5-27-58</i>		26. REGISTRAR'S SIGNATURE <i>neva minshall</i>			

Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

A. Saladino



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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Forrest D. Goldsnow*

Licensed Embalmer No. *4714*

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.

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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, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. Research Hosp</u>		STREET ADDRESS (If outside, give location) <u>342 S. Van Brent</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>TONO BURGIO</u>			4. DATE OF DEATH Month Day Year <u>5-24-58</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 20 1895</u> <u>19-1899</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Country Park</u>	11. BIRTHPLACE (City and state or country) <u>Licata Italy</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>VINCENZO</u>	13b. MOTHER'S MAIDEN NAME <u>GIUDITTA BENNICI</u>	14. NAME OF HUSBAND OR WIFE <u>Latherine</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-36-5292</u>	17. INFORMANT <u>Latherine Burgio</u> Address <u>342 S. Van Brent</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5/24-58</u> <u>5/10-58</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Insufficiency</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>42</u>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>5-10-58</u> to <u>5-24-58</u> and last saw him <u>live</u> on <u>5/16-1958</u> Death occurred at <u>Research Hosp</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>A. Saladino, M.D.</u> (Degree or title)	22b. ADDRESS <u>1040 Argyle Bldg</u>	22c. DATE SIGNED <u>5-27-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-28-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>	23d. LOCATION (City, town, or county) <u>St. Louis</u> (State)
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24. FUNERAL DIRECTOR <u>Sebbetes F. L. M.D.</u> ADDRESS _____	25. DATE REC'D. BY LOCAL REG. <u>5-27-58</u>	26. REGISTRAR'S SIGNATURE <u>neva marshall</u>
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Items #8,9,13a,b, amended by affidavit of granddaughter verified by Birth Certificate of decease from Italy 10-5-01.sp

MEDICAL CERTIFICATION

