

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022087

STATE FILE NUMBER  
2911

FILED JUL 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2911

|  |                             |   |   |
|--|-----------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |                             | 2. USUAL RESIDENCE, (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                             | c. CITY OR TOWN <u>Kansas City</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp. 1907</u><br>Length of stay in lb <u>3<sup>30</sup></u>  |                             | d. STREET ADDRESS (If outside, give location) <u>528 Ellis</u><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>        |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>VINCENZO</u> Middle <u>SO</u> Last <u>LA</u>   |                             | 4. DATE OF DEATH<br>Month <u>6</u> Day <u>7</u> Year <u>58</u>  |   |
| 5. SEX <u>M<sup>o</sup></u>  | 6. COLOR OR RACE <u>W</u>   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>OCT 16 1881</u>                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>RESTAURANT OWNER</u>   |                             | 10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>   | 11. BIRTHPLACE (City and state or country) <u>Ragusa, Sicily</u>  |
| 12a. FATHER'S NAME <u>Matteo Sola</u>  |                             | 13b. MOTHER'S MAIDEN NAME <u>Georgia Scribano</u>   | 14. NAME OF HUSBAND OR WIFE <u>Antonina</u>                       |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |                             | 16. SOCIAL SECURITY NO.   | 17. INFORMANT <u>Nick Sola</u> Address <u>same</u>                |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>APOPLEXY</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u><br>DUE TO (c) _____<br>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<br><u>1 WK</u><br><u>4200</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.)  |   |
| 20c. TIME OF INJURY<br>Hour _____<br>a.m. _____<br>p.m. _____  |                             | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                             | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |   |
| 21. I attended the deceased from <u>6-1-58</u> to <u>6-7-58</u> and last saw her/him alive on <u>6-7-58</u><br><input checked="" type="checkbox"/> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.  |                             |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>Edward P. Altomare M.D.</u>   |                             | 22b. ADDRESS<br><u>2610 E 63rd St K.C. Mo</u>   | 22c. DATE SIGNED<br><u>6-9-58</u>                                 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>6-10-58</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Mary's Cem</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>K. C. Mo.</u> |
| 24. FUNERAL DIRECTOR<br><u>SEBBETO'S</u>   |                             | ADDRESS<br><u>K.C. Mo.</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>6-9-58</u>                     |
|  |                             | 26. REGISTRAR'S SIGNATURE<br><u>Norm Minshall</u>   |   |

All diseases in Part I must be causally related.

Edward P. Altomare only black ink or ribbon typewrite if possible

MEDICAL CERTIFICATION



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. Coldman* .....

Licensed Embalmer No. *4714* .....  
P. O. Address *Kansas City 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.