RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-041869

STATE FILE NUMBER

FILED VS DEC 12 1960

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 5817

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 52 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Research Hosp
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 137 N Denver
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARRIANNE Middle Last BENENATE

4. DATE OF DEATH: Month 11 Day 18 Year 60

5. SEX: F

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-17-1882

9. AGE (last birthday): 78

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Italy

12. CITIZEN OF WHAT COUNTRY: Italy

13a. FATHER'S NAME: LUIGI ORLANDO

13b. MOTHER'S MAIDEN NAME: VITA PISCIOTTA

14. NAME OF HUSBAND OR WIFE: NATALE

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: NATALE BENENATE Address: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 11/16-60

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Acute Lobar Pneumonia — 11/16-60

DUE TO (c) Toxemia — 11/16-60

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 8-29-60 to Nov 17-60 and last saw her alive on Nov 17-60

Death occurred at Research Hosp. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. Saladino (Degree or title) M D

22b. ADDRESS: 1040 Argyle

22c. DATE SIGNED: 11-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 11-21-60

23c. NAME OF CEMETERY OR CREMATORY: MT ST MARYS

23d. LOCATION (City, town, or county) (State): K.C. Mo

24. FUNERAL DIRECTOR: SERBETO'S ADDRESS: K.C. Mo

25. DATE RECD. BY LOCAL REG.: 11-19-60

26. REGISTRAR'S SIGNATURE: H-L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF 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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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