

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH** 2606 -61-017366

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2606 STATE FILE NUMBER

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| FILED JUN 1-2 1961  |  | 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>Mo.</u> b. COUNTY <u>Jackson</u>                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Kansas City</u>   |  | Length of stay in 1b<br><u>67yrs</u>  |   | 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><u>General Hosp.</u>   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   | d. STREET ADDRESS (If outside, give location)<br><u>5215 Wilburn</u><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>STINA COSANTINO</u>   |  |   | 4. DATE OF DEATH Month Day Year<br><u>5 25 61</u>                     |  |  |
| 5. SEX<br><u>female</u>   | 6. COLOR OR RACE<br><u>white</u>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Mar 15, 1889</u>                               | 9. AGE (last birthday)<br><u>72</u>  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>Italy</u>            |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |
| 13a. FATHER'S NAME<br><u>Anthony Gargotta</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Santa Scalia</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Frank Costantino</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>None</u>  | 17. INFORMANT Address<br><u>Mary Sorisso, 5215 Wilburn, K.C., Mo.</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>arteriosclerotic heart disease</u><br><u>with congestive heart failure</u><br>DOE TO (b) <u>angina</u><br>DUE TO (c) <u>anoxia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Diabetes mellitus - controlled</u>  |  |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 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 a.m. p.m. Month, Day, Year   |  | 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  |
| 21. I attended the deceased from <u>5/15/61</u> to <u>5/25/61</u> and last saw her alive on <u>5-25-61</u><br>Death occurred at <u>12:50p</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>[Signature]</u>  |  |   | 22b. ADDRESS<br><u>2400 Cherry St.</u>                                |  | 22c. DATE SIGNED<br><u>5/25/61</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>May 29, 61</u>         | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. St. Mary's Cem.</u>  |   | 23d. LOCATION (City, town or county) (State)<br><u>Kansas City, Mo.</u>  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>P.B. Lapetina, Fun'l Home., K.C., Mo.</u>  |  |   | 25. DATE RECD. BY LOCAL REG.<br><u>5-26-61</u>                        | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*John E. Moore*

Licensed Embalmer No. 4729

P. O. Address Kansas

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.