

## OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021221

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2912

FILED JUN 28 1961

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. 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>		Length of stay in 1b <u>6 yrs</u>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1124 PACIFIC</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>CORSENTINO</u> Last <u>CORSENTINO</u>			4. DATE OF DEATH Month <u>6</u> Day <u>12</u> Year <u>61</u>				
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>AUG 1 1880</u>	9. AGE (last birthday) <u>80</u>	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) <u>ICE PEDDLER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>ITALY</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>PHILLIP CORSENTINO</u>			13b. MOTHER'S MAIDEN NAME <u>MRS ANGELA ?</u>		14. NAME OF HUSBAND OR WIFE <u>MAMIE</u>		
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. _____		17. INFORMANT Address <u>1124</u> <u>MRS MAMIE CORSENTINO PACIFIC</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
IMMEDIATE CAUSE (a) <u>CARDIAC ARREST</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ACUTE COR PULMONALE</u> DUE TO (c) <u>PULMONARY EMBOLUS</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CORONARY &amp; CEREBRAL VASCULAR ANTERIO-SCLEROSIS</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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>June 2nd</u> to <u>June 12th</u> and last saw her/him alive on <u>June 11th</u> Death occurred at <u>12:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. N. Callery M.D.</u> (Degree or title)		22b. ADDRESS <u>926-E 11th</u>	
22c. DATE SIGNED <u>June 12, 61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6-14-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT-ST MARY'S</u>	23d. LOCATION (City, town, or county) (State) <u>K.C. MO</u>
24. FUNERAL DIRECTOR <u>SEBBETO'S</u> ADDRESS <u>K.C. MO.</u>		25. DATE RECD. BY LOCAL REG. <u>6-12-61</u>	
		26. REGISTRAR'S SIGNATURE <u>Ruth A. Long</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

G. N. CALLERY 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

*Forrest D. Coldenow*

Licensed Embalmer No. 4714

P. O. Address KC 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.