

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025471

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3695 STATE FILE NUMBER

FILED AUG 8 1961

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> Length of stay in 1b <u>40 yrs</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Research Hosp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2634 E 9th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>SERAFINO</u> Middle <u>SAM</u> Last <u>SCIORTINO</u>			4. DATE OF DEATH Month <u>7</u> Day <u>22</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>12-25-98</u>	9. AGE (last birth day) <u>62</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MACARONI MFG</u>	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>EMANUAL SCIORTINO</u>		13b. MOTHER'S MAIDEN NAME <u>SUNDENA VINCE</u>		14. NAME OF HUSBAND OR WIFE <u>ROSE SCIORTINO</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>			17. INFORMANT Address <u>ROSE SCIORTINO SAME</u>		

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>Congestive cardiac Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7/9-61</u>
DUE TO (b) <u>Acute Lob. Pn Pneumonia</u>		<u>4</u>
DUE TO (c) <u>acute Thrombo Phlebitis Femur</u>		<u>4 to 7/22</u>
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. <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>July 9-61</u> to <u>July 22-61</u> and last saw him alive on <u>AM 7/22-61</u> Death occurred at <u>Research Hosp.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>a. Saladino, M.D.</u>	22b. ADDRESS <u>1040 Argyle Bldg</u>	22c. DATE SIGNED <u>7-24-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-25-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT OLIVET CEM'</u>
23d. LOCATION (City, town, or county) (State) <u>K. C. Mo.</u>	24. FUNERAL DIRECTOR ADDRESS <u>SEBBETO K.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7-24-61</u>
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>		

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

MEDICAL CERTIFICATION

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 by me,
~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Forest D. Coldson

Licensed Embalmer No. 4714

P. O. Address FC 260.

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.