MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-015442

FILED APR 20 1962 149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1940

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

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 53 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A General 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) 2645 E 7th.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First VITO Middle SALADINO Last
4. DATE OF DEATH Month 4 Day 5 Year 62
5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH AUG 15 1881
9. AGE (last birthday) 80
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) Huckster
10b. KIND OF BUSINESS OR INDUSTRY Fruit & Veg
11. BIRTHPLACE (City and state or country) Italy
12. CITIZEN OF WHAT COUNTRY Italy
13a. FATHER'S NAME Anthony Saladino
13b. MOTHER'S MAIDEN NAME Josephine Giaide
14. NAME OF HUSBAND OR WIFE Josephine
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 Phil Saladino 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) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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)
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh Owens (Degree or title) Coroner
22b. ADDRESS 152 Union Station
22c. DATE SIGNED 4-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-9-62
23c. NAME OF CEMETERY OR CREMATORY Mt St Mary
23d. LOCATION (City, town, or county) (State) K.C. Mo

24. FUNERAL DIRECTOR SEBBETO'S ADDRESS K.C. Mo
25. DATE RECD. BY LOCAL REG. 4-6-62
26. REGISTRAR'S SIGNATURE Ruth Long

BY AFFIDAVIT OF Hugh Owens

DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

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. Goldsmow

Licensed Embalmer No. 4714

P. O. Address K.C. 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.