

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036422

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4972

FILED SEP 23 1963

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside Corporate limits, give TOWNSHIP only) <u>Kansas city</u>		c. CITY OR TOWN <u>Kansas city</u>	
Length of stay in 1b) <u>45 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Research Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>4811 Gladstone Blvd</u>	
3. NAME OF DECEASED (Type or print) First <u>KORENZO</u> Middle <u>SALVATO</u> Last <u>SALVATO</u>		4. DATE OF DEATH Month <u>9</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</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>12-10-1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucking man</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>74</u>
11. BIRTHPLACE (City and state or country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Ross Salvato</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Scardino</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret</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. INFORMANT <u>Margaret Salvato</u>		Address <u>4811 Gladstone</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>Toxemia - Uremia</u> DUE TO (b) <u>Acute Double L. Pneumonia</u> DUE TO (c) <u>Hypertrophy Prostate Gland</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9/1-9/7-63</u> <u>9/1-9/8-63</u> <u>7/24-9/63</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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>		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 24-63</u> to <u>Sept 7-63</u> and last saw him alive on <u>Sept 7-63 AM</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 Blvd</u>	
22c. DATE SIGNED <u>9-9-63</u>		23. LOCATION (City, town, or county) (State) <u>Kansas city, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Normal</u>	23b. DATE <u>9-10-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive</u>	
24. FUNERAL DIRECTOR <u>Pascentino Bros KC Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-10-63</u>	
ADDRESS		26. REGISTRAR'S SIGNATURE <u>Beessie Smith</u>	

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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 *A. L. Proantius*

Licensed Embalmer No. 4554

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.