

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23568

No. 300  
10. 48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2094

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, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>37 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>5831 SWOPE PARKWAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOSEPH'S HOSP</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGIA</u> b. (Middle) <u>OTTAVIANO</u> c. (Last) <u>OTTAVIANO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1949</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN. 24 - 1912</u>
9. AGE (In years last birthday) <u>37</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FILM INSPECTRESS</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>GEORGE OTTAVIANO</u>	
13b. MOTHER'S MAIDEN NAME <u>ROSA TIDONA</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-09-8448</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GEO. OTTAVIANO</u>		ADDRESS <u>5831 SWOPE PARKWAY, KANSAS CITY, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Widowhood</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 2, 1949</u> , to <u>July 8, 1949</u> , that I last saw the deceased give on <u>July 8, 1949</u> , and that death occurred at _____ m. from the causes and on the date stated above.			
23a. SIGNATURE <u>John G. Skinner M.D.</u>		23b. ADDRESS <u>1482 Bryant</u>	
23c. DATE SIGNED <u>7-8-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>		24b. DATE <u>9-11-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEW COMERS SONS</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-9-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>M. H. Newcomer</u>		ADDRESS <u>Sons, K.C. Mo</u>	

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.....

working under my personal supervision.

Student Embalmer No.....

Signed

*Edward M. Storey*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address *K.I.C. 4 M*

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 this body is not embalmed, fact should be so stated above.