

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33926  
4447

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 5 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		48 3	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Research Hospital				d. STREET ADDRESS (If rural, give location) 1001 Pacific 3 0			
3. NAME OF DECEASED (Type or Print) a. (First) Margaret			b. (Middle) Mangiacina			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) Oct 17 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb-15-1894		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Kansas City Mo		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Joseph Cicio		13b. MOTHER'S MAIDEN NAME Anna Bruno		14. NAME OF HUSBAND OR WIFE Alfonso Mangiacina			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. Donot know		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alfonso Mangiacina 1001 Pacific			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage 18 hours ANTECEDENT CAUSES Arterial hypertension 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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 331X			
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 10/16, 1949 to 10/17, 1949 that I last saw the deceased alive on 10-16 pm 1949, and that death occurred at 1:25 p.m., from the causes and on the date stated above.							
23a. SIGNATURE A. Saladino (Degree or title) _____				23b. ADDRESS 721 Rialto Bldg		23c. DATE SIGNED 10-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 19-1949		24c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's		24d. LOCATION (City, town, or county) (State) Kansas City MO	
DATE REC'D BY LOCAL REG. 10-18-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Passarino Bros KEMO			

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

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 J. L. Walton

Signed .....  
Student Embalmer

Licensed Embalmer No. 2744

P. O. Address R. E. MD

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.