

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20319

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2736

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, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY MO. 18</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5238 E 28th TERR. 3rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1238 E 28th TERR.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Philip</u> b. (Middle) <u>LICATA</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>6 19 50</u>		
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>FEB 12 - 1883</u>		9. AGE (In years last birthday) <u>67</u>		10. AGE (In years last birthday) <u>67</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HUTSEAR</u>		11. BIRTHPLACE (State or foreign country) <u>ITALY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>SALVATORE LICATA</u>		13b. MOTHER'S MAIDEN NAME <u>GIEYANNA IAMANNO</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE LICATA</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. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>SAM LICATA</u> ADDRESS <u>5238 E 28th TERR</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardiosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Chronic nephritis</u> <u>years</u>		
			DUE TO (c) <u>Hypertrophic prostate</u> <u>years</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>610X</u>		

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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 3-7, 1950, to 6-19, 1950 that I last saw the deceased alive on June 17, 1950 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>John C. Skinner</u> (Degree or title)		23b. ADDRESS <u>1402 Bryan Blvd</u>		23c. DATE SIGNED <u>6-19-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/21/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Mary's</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Passantino Bros.</u> ADDRESS <u>15. C. MO.</u>			
DATE REC'D BY LOCAL REG. <u>6-20-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			

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

Dr. J. O. Skinner

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 _____
Student Embalmer

Signed F. S. Walton

Licensed Embalmer No. 2744

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