

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41059

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 5060

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) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		18 <sup>00</sup>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>677 Forest</u>				d. STREET ADDRESS (If rural, give location) <u>677 Forest 31-5</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luigi</u> b. (Middle) <u>TRITICO</u> c. (Last) <u>TRITICO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-28-50</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 23 1876</u>		9. AGE (in years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Trogani Italy</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Mario Tritico</u>		
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Zumma</u>		14. NAME OF HUSBAND OR WIFE <u>Antonio Josephine</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Bonura</u>						
17. ADDRESS <u>677 Forest</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic myocardial insufficiency 1 yr.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 yrs</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				MEDICAL CERTIFICATION				
ANTECEDENT CAUSES				DUE TO (b)				
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>Bumblers Branch Block</u>				
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR? <u>—</u>		22. I hereby certify that I attended the deceased from <u>Nov 1st 1949</u> to <u>Nov 28, 1950</u> that I last saw the deceased alive on <u>Nov 25, 1950</u> and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.				23a. SIGNATURE <u>Joseph Setelson MD</u>		
23b. ADDRESS <u>1219 Realto Bldg</u>		23c. DATE SIGNED <u>11-30-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-1-50</u>		
24c. NAME OF CEMETERY OR CREMATORY <u>St Marys</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deta B. Kretzer</u>		ADDRESS <u>K.C. Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-30-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. (Licensed Embalmer's Statement on Reverse Side)				

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

Dr J. S. Letterson  
1790 Realto

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.....

Student Embalmer

Signed

*John B. Letterson*

Licensed Embalmer No. 4973

P. O. Address 152 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.

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

*Book ok.  
Paw*

State of Missouri }  
County of Jackson }

VITAL STATISTICS  
THE DIVISION OF HEALTH OF MISSOURI  
Department of Public Health and Welfare

50-41059  
State File No. \_\_\_\_\_  
Local Registrar's No. 5060-50

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 2nd day of October, 19 63 before me appears  
Elizabeth Bonura, who, upon her oath, states that the original record of ~~birth~~ <sup>death</sup>  
for Luigi Tritico ~~born~~ <sup>died</sup> November 28, 19 50 in the State of  
Missouri, and which was filed at ~~Jefferson~~ <sup>Kansas</sup> City, Missouri on 11-30-50, 19\_\_\_\_, should be corrected as follows:

Item No. 14 should read Giovanina  
Instead of \_\_\_\_\_ Josephine

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_  
Item No. \_\_\_\_\_ should read Verified by death record 154-50  
Instead of \_\_\_\_\_ Giovanina Bonura Tritico

Item No. \_\_\_\_\_ should read Verified by passport dated April 1901.  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_ ( The death certificates are to be sent to Italy to obtain  
Item No. \_\_\_\_\_ should read money which is in a bank).

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_  
Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.  
(SEAL) Affiant Elizabeth Bonura Daughter  
Elizabeth Bonura Relationship.  
622 Forest  
Present Address.

Subscribed and sworn to before me this 2nd day of October, 19 63.  
My Commission expires August 28 1964 Bessie W. Smith Notary Public.