

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37481  
4894

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

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>43 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>305 N. Drury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		3068	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTHONY</u> b. (Middle) _____ c. (Last) <u>NICOLI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14, 1951</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>Oct. 4, 1876</u>	9. AGE (In years last birthday) <u>75</u>	10. MONTHS <u>7</u> 11. DAYS <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plasterer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Italy</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Ranieri Nicoli</u>	13b. MOTHER'S MAIDEN NAME <u>Palmira Mazzi</u>	14. NAME OF HUSBAND OR WIFE <u>Palmira Nicoli</u>
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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>486-09-8266</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Palmira Nicoli, 305 N. Drury, KC Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Seven</u>  <u>2040</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Lymphatic Leukemia</u>		
	ANTECEDENT CAUSES 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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE ON WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov. 3, 1946 to 11/14, 1951, that I last saw the deceased alive on 11/14 1951, and that death occurred at 950 E. 19th, from the causes and on the date stated above.

23a. SIGNATURE <u>C. G. Leitch</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>1109 Pryor - KC Mo</u>	23c. DATE SIGNED <u>11/14/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/16/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Olive</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-15-51</u>	REGISTRAR'S SIGNATURE <u>(S. M. Leitch)</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McLURE</u>	ADDRESS <u>Kansas City, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. C. S. Leitch - Prof. Bldg - U 1109

total 5:00

P.S. Send Dr a copy of this

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 .....  
Student Embalmer.

Student Embalmer No. ....  
Signed *John Clark* .....

Licensed Embalmer No. *4216* .....

P. O. Address *F. 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.