

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18155**  
Registrar's No. **2333**

LED **MAY 27 1953**  
BIRTH NO.

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>43 YRS.</b>		STREET ADDRESS (If rural, give location) <b>2198 1/2 626 HARDESTY</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>626 HARDESTY</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES (Charlie)</b> b. (Middle) <b>MARAZZINE</b> c. (Last) <b>MARAZZINE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 4 53</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>6-25-1894</b>
9. AGE (In years last birthday) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Italy</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>??</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>CARL MANIARACINA</b>		13b. MOTHER'S MAIDEN NAME <b>FANNA LAZIA</b>	14. NAME OF HUSBAND OR WIFE <b>MILDRED MARAZZINE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>W.W.F. 497-36-1324</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. G. MERYS 7221 WALNUT K.C. MO.</b>
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) <b>Arteriosclerotic Aneurysm of Thoracic Aorta</b> (b) <b>Hypertension, Essential</b> (c) <b>Arteriosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>—</b>	
19a. DATE OF OPERATION <b>1949</b>		19b. MAJOR FINDINGS OF OPERATION <b>Aneurysm of Aorta</b>	INTERVAL BETWEEN ONSET AND DEATH <b>over 4 yrs.</b>
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) <b>Kansas City Jackson Mo</b>
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 <b>July 27, 1949</b> to <b>Aug 4, 1953</b> , that I last saw the deceased alive on <b>4/30, 1953</b> , and that death occurred at <b>3:30 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>F. Stanley Mores</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1000 Prof. B. 1103 Grand Ave.</b>	23c. DATE SIGNED <b>5/4/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5-6-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>	24d. LOCATION (City, town, or county) (State) <b>K.C. MO.</b>
DATE REC'D BY LOCAL REG. <b>5-5-53</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGILLEY-EYAR K.C. MO.</b>

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

*Dr. [unclear]*

*Prof. Bg. 1p m*

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.....  
Signature of Student Embalmer

Signed *Arthur Eugene [unclear]*

Licensed Embalmer No. *4912*

P. O. Address *K.C. 7*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.