

5. No. 300
v. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25351

State File No.

FILED JUL 23 1953

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>JACKSON Prairie Twp</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>RURAL. LEE'S SUMMIT 1 tw</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKE LOTAWANA</u>		e. STREET ADDRESS (If rural, give location) <u>2624 INDEPENDENCE BLVD 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Anthony</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Scimeca</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>JULY 15 1897</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>PHYSICIAN-DIRECTOR STAFFHEAD</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>POLYCLINIC HOSPITAL</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>5</u> <u>GOODRANO ITALY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MICHELE SCIMECA</u>	13b. MOTHER'S MAIDEN NAME <u>MARGHERITA LA ROSA</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>496436W592</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MICHAEL SCIMECA</u>	ADDRESS <u>2624 INDEPENDENCE BLVD KANSAS CITY, MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 PM + 1.15 PM</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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from June 28, 1953, to June 30, 1953, that I last saw the deceased alive on June 29, 1953, and that death occurred at 1.15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Deceased or Title) <u>MD</u>	23b. ADDRESS <u>303 Altman Bldg</u>	23c. DATE SIGNED <u>6-30-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 3 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL PANTHEON</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE RECD BY LOCAL REG. <u>July 2 53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	48. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>1731 Broadway Creek</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Follie Kessel

Licensed Embalmer No. *4690*

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