

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39009

State File No.

FILED NOV 19 1953

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5135

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> <u>275-8</u>	
c. LENGTH OF STAY (In this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>75 5107 Forest</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Joseph</u>		b. (Middle) <u>G.</u>	
c. (Last) <u>Damico</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 28 53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-14-83</u>
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>1</u>	11. DAYS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Dept. of Revenue</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Damico</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Dorse</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Madeline A. Damico</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-I</u>	
16. SOCIAL SECURITY NO. <u>494-16-0274</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Madeline Damico, 5107 Forest, KC, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute & Chronic Myocardial Infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thromboses Left</u> DUE TO (c) <u>Coronary Atherosclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Peripartur Hepatitis & Hepatoma?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>		21. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>10-29-53</u> to <u>10-29-53</u> , that I last saw the deceased alive on <u>10-29-53</u> , and that death occurred at <u>St. Joseph Hospital</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Russell W. Kerr</u> (Degree or title)		23b. ADDRESS <u>St. Joseph Hospital 29045</u>	
23c. DATE SIGNED <u>10-29-53</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	
23e. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		24. NAME OF CEMETERY OR CREMATORY	
24. DATE REC'D BY LOCAL REG. <u>10-29-53</u>		24. REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>		25. ADDRESS <u>Kansas City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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.....

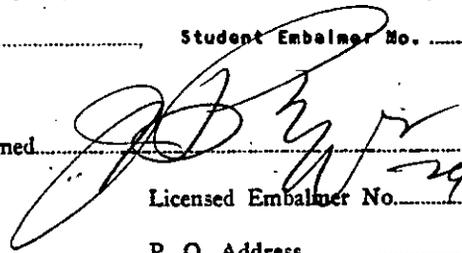
Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....



Licensed Embalmer No. 2999

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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