

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4831

State File No.

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 731

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. LENGTH OF STAY (in this place) <u>40 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>534 Troost</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grazia</u>		b. (Middle) _____	c. (Last) <u>Foggia</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>2 13 54</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 14, 1883</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>
12. CITIZEN OF WHAT COUNTRY? <u>Italy</u>		13a. FATHER'S NAME <u>Raphael Braille</u>	
13b. MOTHER'S MAIDEN NAME <u>Unk'</u>		14. NAME OF HUSBAND OR WIFE <u>Rosario Foggia FOGGIA</u>	
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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tony Forge 517 Gillis K. C. Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Thrombosis</u> <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) <u>Arterial Hypertension</u> 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"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	
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) (Min.) _____		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>Feb' 11, 1954</u> , to <u>Feb' 13, 1954</u> , that I last saw the deceased alive on <u>Feb' 13, 1954</u> , and that death occurred at <u>9 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. Saladino</u> (Deedee or title) <u>M.D.</u>		23b. ADDRESS <u>1040 Argyle Bldg.</u>	
23c. DATE SIGNED <u>2-13-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-17-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St Mary's Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sebbeto Funeral Home K. C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-16-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *Garret D. Collins*.....

Licensed Embalmer No. *471*.....

P. O. Address *W. L. 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.