

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

5023

834

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 administration). a. STATE <u>Kansas</u> b. COUNTY <u>Crawford</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>6 weeks</u>	c. CITY OR TOWN <u>Pittsburg</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>St. Mary's Hospital</u>		STREET ADDRESS (If rural, give location) <u>Rural Route # 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) _____ c. (Last) <u>Rapachi</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23, 1954</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>Married</u>	8. DATE OF BIRTH <u>January 20, 1890</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	IF UNDER 1 HR. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Southern R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
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13a. FATHER'S NAME <u>Atilio Rapachi</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Goldina</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Gilda Rapachi (wife)</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>511-10-3052</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gilda Rapachi Pittsburg Kans.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung Primary</u>		DUE TO (b) <u>Generalized Carcinomatosis</u>			<u>4 mos.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Terminal Pneumonia</u>			<u>2 wks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>162X</u>

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) <u>none</u>	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) (Min.)	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 Feb. 6, 1954, to Feb. 23, 1954, that I last saw the deceased alive on Feb. 23, 1954, and that death occurred at 12:15 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>James W. Downey</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Kansas City</u>		23c. DATE SIGNED <u>2/23/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-23-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pittsburg, Kansas</u>		
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DATE REC'D BY LOCAL REG. <u>2-23-54</u>	REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Quirk &amp; Robin N.C. Mo.</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

By *Conroy*  
800 *Conroy* *Blk*

MAR 17 1951

*219878*

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, ~~by~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Forest D. Coldenow*.....

Licensed Embalmer No. *47*.....

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.