

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **8658**  
**1156**

BIRTH NO. FILED **MAR 31 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City Mo.</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>26 yrs.</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson</b>		e. STREET ADDRESS (If rural, give location) <b>3420 E 10th</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>G.</b> c. (Last) <b>Giardinelli</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>3-13-54</b>		
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	
<b>8. DATE OF BIRTH</b> <b>Sept-19-1904</b>		<b>9. AGE</b> (In years last birthday) <b>47</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, if retired) <b>Cleaner &amp; Dyer</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Italy</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>self.</b>	

<b>13a. FATHER'S NAME</b> <b>Francesco Giardinelli</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Marie Matteo</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Rose Giardinelli</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>-</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Rose Giardinelli</b>	
				<b>ADDRESS</b> <b>3420 E 10th</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*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>		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		DUE TO (b) <b>arterio sclerosis</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>pulmonary edema</b>			<b>4201</b>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from 3-13-1954, to 3-13-1954, that I last saw the deceased alive on 3-13-1954, and that death occurred at 6 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>W. H. Zimmerman</b> (Degree or title) <b>M.D.</b>		<b>23b. ADDRESS</b> <b>St. Joseph Hospital</b>		<b>23c. DATE SIGNED</b> <b>3-14-54</b>	
<b>24a. BURIAL, CREMATION REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>3-17-54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Mary's Cem</b>	
<b>24d. LOCATION</b> (City, town, or county) <b>K.C. Mo</b>		<b>24e. STATE</b> <b>Mo</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>John B. ...</b>	
<b>DATE REC'D BY LOCAL REF.</b> <b>3-15-54</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Geraldine Smith</b>		<b>ADDRESS</b> <b>N-C-MO.</b>	

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

MAY 9 1961

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 *Dita B. Lopez*.....

Licensed Embalmer No. *477*.....

P. O. Address *K. 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.