

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1227**
299

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY OR TOWN KANSAS CITY		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 ST JOSEPH'S HOSP				e. STREET ADDRESS (If rural, give location) 3001 E 9TH					
3. NAME OF DECEASED (Type or Print) a. (First) Rocco			b. (Middle) 2nd		c. (Last) MANZO		4. DATE OF DEATH (Month) (Day) (Year) 1 21 55		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 9-20-1887		9. AGE (in years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROCCER			10b. KIND OF BUSINESS OR INDUSTRY RETAIL GROCCER			11. BIRTHPLACE (City and State or Foreign Country) ITALY		12. CITIZENRY OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ANTONINO MANZO				13b. MOTHER'S MAIDEN NAME ANTONINA STALLONE		14. NAME OF HUSBAND OR WIFE ANGELINE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 497-36-7081		17. INFORMANT'S SIGNATURE OR NAME ANGELINE MANZO ADDRESS 3001 E 9TH				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE 3 MOS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 WKS. 4200	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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 NOV 19 54 , to 1-20-55 , that I last saw the deceased alive on 1-20 , 19 55 and that death occurred at 6 P m., from the causes and on the date stated above.									
23a. SIGNATURE Edward P. Altomare (Degree or title) M.D.				23b. ADDRESS 1030 E Pacific				23c. DATE SIGNED 1-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-24-55		24c. NAME OF CEMETERY OR CREMATORY St Maryslem		24d. LOCATION (City, town, or county) (State) MO			
DATE REC'D BY LOCAL REG. 1-22-55		REGISTRAR'S SIGNATURE Neva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE SEBBETO'S		ADDRESS CITY		

(Licensed Embalmer's Statement on Reverse Side)

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 *Forest D. Goldsnow*

Licensed Embalmer No. *4714*

P. O. Address *San Jose, Calif.*

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.