

FILED SEP 28 1955 STANDARD CERTIFICATE OF DEATH

State File No. 29764

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3917

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 40 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 RESEARCH HOSP			e. STREET ADDRESS (If rural, give location) 533 TROOST 3038		

3. NAME OF DECEASED (Type or Print) VITO LA BRUZZO			4. DATE OF DEATH (Month) (Day) (Year) 9 4 55		
5. SEX M	6. COLOR OR RACE W	7. (MARRIED) NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 8-22-1900		9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) PRODUCE DEALER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) TUNIS, AFRICA		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME VITO LA BRUZZO		13b. MOTHER'S MAIDEN NAME ANGELINA CALOMIA		14. NAME OF HUSBAND OR WIFE ROSE LABRUZZO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 500-12-5203		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOE LABRUZZO 6431 WALROND	

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) acute coronary thrombosis		ANTECEDENT CAUSES			8/28-55
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			60 x emia 8/28/55
		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			4201
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 8/28, 1955 to 9/4, 1955 that I last saw the deceased alive on 9/4, 1955 and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE A. Saladino (Degree or title) M.D.		23b. ADDRESS 1040 Auyll		23c. DATE SIGNED 9-6-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-7-55	24c. NAME OF CEMETERY OR CREMATORY MT OLIVET CEM	24d. LOCATION (City, town, or county) (State) K.C. MO	
DATE REC'D BY LOCAL REG. 9-7-55		REGISTRAR'S SIGNATURE Vera Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEBETO'S K.C. MO	

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

Student.....
Signature of Student Embalmer

Signed *Forrest D. Goldman*.....

Licensed Embalmer No. *4714*.....

P. O. Address *K. C. 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.