

FILED MAR 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4737**
Registrar's No. **628**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 628		
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 OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 56 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 145 N VAN BRUNT				e. STREET ADDRESS (If rural, give location) 145 N VAN BRUNT				
3. NAME OF DECEASED (Type or Print) a. (First) ANGELO b. (Middle) DONNICI c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 2 8 56					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Jan 13 1875		
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____		12. CITIZEN OF WHAT COUNTRY? USA		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR		10b. KIND OF BUSINESS OR INDUSTRY CLOTHING		11. BIRTHPLACE (City and State or Foreign Country) ITALY		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME JOHN DONNICI			13b. MOTHER'S MAIDEN NAME TERESA TOSTI		14. NAME OF HUSBAND OR WIFE CATERINA DONNICI			
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. 490-24-0542		17. INFORMANT'S SIGNATURE OR NAME CATERINA DONNICI		ADDRESS SAME		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis aortic					INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 48	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION aneurysm					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 1950 , 19____, to 2-8-56 19____, that I last saw the deceased alive on 1-56 , 19____, and that death occurred at 11 A m., from the causes and on the date stated above.								
23a. SIGNATURE Mark Dodge (Degree or title) _____				23b. ADDRESS K.C. Mo		23c. DATE SIGNED 2-10-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-11-56		24c. NAME OF CEMETERY OR CREMATORY MT ST MARY'S		24d. LOCATION (City, town, or county) (State) K.C. Mo		
DATE REC'D BY LOCAL REG. 2-11-56		REGISTRAR'S SIGNATURE Theresa Marshall		25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S		ADDRESS K.C. Mo.		

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

1-0552
463-
B. Green
W. H. Green

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 *Ernest D. Coldenow*.....

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

P. O. Address *K. E. W.*.....

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.