

FILED MAR 8 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 4786

677

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Overland Park</b>		d. 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 <b>Research Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>5804 West 78th St</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>Donald</b> c. (Last) <b>GADDONI</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 12 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 1, 1914</b>		9. AGE (In years last birthday) <b>42 yrs.</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mgr. of Lowes Inc.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Moving Pictures</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rimini Italy</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Louis Gaddoni</b>		13b. MOTHER'S MAIDEN NAME <b>Grafolconi</b>	14. NAME OF HUSBAND OR WIFE <b>Alice Gaddoni</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.# 2 Navy</b>		16. SOCIAL SECURITY NO. <b>109-01-3451</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alice S. Gaddoni</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Artery occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atheromatous arterio sclerosis</b>			- ?
		DUE TO (c) _____			4201
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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) <b>None</b>		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 <b>1-2</b> , 19 <b>54</b> , to <b>Death</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>2-12</b> , 19 <b>56</b> and that death occurred at <b>11:10 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>M. O. S. G.</b>			23b. ADDRESS <b>G. M. OSGOOD, M. D.</b> <b>926 Professional Bldg., K.C.Mo.</b>		23c. DATE SIGNED <b>2-13-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/16/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Rochelle N.Y.</b>		24d. LOCATION (City, town, or county) (State) <b>K.C.Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-14-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stine &amp; Mc Clure</b> <b>H.C.Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

J.M. O'Good  
Prof. Bldg. till 5:30 P.M.

MAR 8 1956

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 *Elmer D. Light*

Licensed Embalmer No. *4017*

P. O. Address *Kansas City*

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.