

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16239

1843

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson <u>3198</u>				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 47 years		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 611 South Elmwood (Home)				e. STREET ADDRESS (If rural, give location) 19 611 South Elmwood				
3. NAME OF DECEASED (Type or Print) FRANK P. ANGOTTI			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH April 27 1956		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 20, 1884		
5. SEX Male		6. COLOR OR RACE White		9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR: Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		10b. KIND OF BUSINESS OR INDUSTRY A J Stephens Co.		11. BIRTHPLACE (City and State or Foreign Country) Calbria, Italy		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Jesse Angotti			13b. MOTHER'S MAIDEN NAME Mary Genovese			14. NAME OF HUSBAND OR WIFE Teresa M. Angotti		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-07-6305		17. INFORMANT'S SIGNATURE OR NAME Mr. Donald Angotti, 611 South Elmwood				
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (MEDICAL CERTIFICATION) CARCINOMA METASTATIC				INTERVAL BETWEEN ONSET AND DEATH		
		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA STOMACH				151X		
		3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) Arteriosclerotic heart disease						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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 _____, 1955 to <u>27 April 1956</u> that I last saw the deceased alive on <u>27 April 1956</u> and that death occurred at <u>11:15 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE S. David Henry (Degree or title) D				23b. ADDRESS 1110 Grand		23c. DATE SIGNED 28 April 56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-30-56		24c. NAME OF CEMETERY OR CREMATORY Mount St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 4-28-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar ADDRESS 1800 E. Linwood				

(Licensed Embalmer's Statement on Reverse Side)

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

Time of death

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.....
James E. Hackler

Licensed Embalmer No. 4573

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.