

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17112
STATE FILE NUMBER

2145

FILED MAY 21 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Guido Podrecca

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN GASHLAND Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VA HOSPITAL INSTITUTION 5 days		d. STREET ADDRESS (If outside, give location) SPRING STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BENJAMIN Middle F. Last HATCHER			4. DATE OF DEATH Month MAY Day 4 Year 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 20, 1878
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST, RETIRED		9b. KIND OF BUSINESS OR INDUSTRY DRUGGIST	9c. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST, RETIRED		10b. KIND OF BUSINESS OR INDUSTRY DRUGGIST	11. BIRTHPLACE (City and state or country) WEBB CITY, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME JOHN HATCHER	
14. MOTHER'S MAIDEN NAME UNKNOWN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) S.A.W.	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Official Records, VA Hospital, K.C., Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary emphysema. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Dilatation of the right ventricle and atrium of the heart.			INTERVAL BETWEEN ONSET AND DEATH 5271
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION VA COUNTY _____ STATE _____		
21. Attended the deceased from April 30, 1957 to May 4, 1957 Death occurred at 1:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Guido Podrecca M.D.		22b. ADDRESS VA HOSPITAL, K.C., MO.	
22c. DATE SIGNED		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE MAY 7, 1957		23c. NAME OF CEMETERY OR CREMATORY MT MORIAN CEMETERY	
23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		23e. (State)	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 5-7-57	
26. REGISTRAR'S SIGNATURE Neva Minshall		27. (Licensed Embalmer's Statement on Reverse Side)	

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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 *Paul B. Williams*.....

Licensed Embalmer No. *500*.....

P. O. Address *Overland*
Kansas.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.