

FILED AUG 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28226

STATE FILE NUMBER

3697

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3697

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>419 Prospect 1913</u>				Length of stay in <u>15</u> days d. STREET ADDRESS <u>419 Prospect</u>			
3. NAME OF DECEASED (Type or print) <u>JOE</u>				First		Middle	
				Last		4. DATE OF DEATH Month <u>8</u> Day <u>6</u> Year <u>57</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>04 25 1891</u>	
				9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WELDER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Oil Drums</u>		11. BIRTHPLACE (City and state or country) <u>ITALY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME <u>GIACOMO CRAPISI</u>			
14. MOTHER'S MAIDEN NAME <u>CATARINA TALERMO</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I</u>			
16. SOCIAL SECURITY NO. <u>492-14-4888</u>				17. INFORMANT <u>Mrs Carmel Crapisi 419 Prospect</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u>				<u>5 years</u>			
DUE TO (c) _____				<u>592x</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 _____ a. m. _____ p. m.		Month _____ Day _____ Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1/12/57</u> to <u>8/6/57</u> and last saw <u>him</u> alive on <u>7/20/57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Arthur B Rhoades M.D.</u>				22b. ADDRESS <u>1109 Professor Rd. Kansas City, Mo.</u>		22c. DATE SIGNED <u>8/6/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-8-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT ST MARY'S</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
24. FUNERAL DIRECTOR <u>SEBETO'S</u>				ADDRESS <u>K. C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-7-57</u>	
				26. REGISTRAR'S SIGNATURE <u>neva Marshall</u>			

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Arthur B. Rhoades

1109 Prof Bledg  
after 2:30 PM

1109

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 *John R. Sidm*  
Licensed Embalmer No. *45*  
P. O. Address *Kansas*

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