

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1318

FILED FEB 13 1958

STATE FILE NUMBER 280

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

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JACKSON	
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 KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4115 Prospect		Length of stay in 1b 3 YRS	d. STREET ADDRESS (If outside, give location) 4115 Prospect

3. NAME OF DECEASED (Type or print) First Middle Last IGNAZIO LICATA			4. DATE OF DEATH Month Day Year 1-18-1958		
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5. SEX MALE	6. COLOR OR RACE WH.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-15-1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAIL ROAD	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ITALY	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME NICOLA LICATA	13b. MOTHER'S MAIDEN NAME MATILDA RUSTIUS	14. NAME OF HUSBAND OR WIFE MARY LICATA
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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. 712-05-5348	17. INFORMANT MATILDA LICATA	Address 4115 Prospect
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio Sclerotic Heart Disease		3 years
	DUE TO (c)		4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> Natural <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 1-9-58 to 1-18-58 and last saw ^{her} alive on 1-9-58 Death occurred at 1-18-58 12:10 m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Richard L. Owens MD	(Degree or title)	22b. ADDRESS Rialto Bldg. R 340	22c. DATE SIGNED 1-18-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-20-1958	23c. NAME OF CEMETERY OR CREMATORY ST MARY'S	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO
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24. FUNERAL DIRECTOR PASSANTINO Bros KC MO	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-18-58	26. REGISTRAR'S SIGNATURE Irene Minshall
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(Licensed Embalmer's Statement on Reverse Side)

Richard L. Owens USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

B. R. O'Connell
1034 N. 10th St
9th Ward

MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

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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 *Leonard S. Santino*

Licensed Embalmer No. *4554*
P. O. Address *KC MO*

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.