

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040142

STATE FILE NUMBER

FILED DEC 11 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5507

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|  |                                  |   |  |   |   |
|--|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Kansas City</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Trinity Luthern</b>  |                                  | Length of stay in lb<br><b>38 yrs</b>   | d. STREET ADDRESS (If outside, give location)<br><b>2835 E. 9th</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ALEX</b> Middle <b>J.</b> Last <b>PIZZICHINO</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>20</b> Year <b>1958</b>   |   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>March 12, 1920</b>  | 9. AGE (In years) <b>38</b><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 24 HRS.: Hours _____ Min. _____   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Bookkeeper</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>International Revenue</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Kansas City, Mo.</b>   |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>  |                                  | 13a. FATHER'S NAME<br><b>Joseph Pizzichino</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Lena Morra</b>  |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Adele Pizzichino</b>   |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>                                       |  | 16. SOCIAL SECURITY NO.<br><b>495-09-2751</b>   |   |
| 17. INFORMANT<br><b>Mrs. Adele Pizzichino</b>  |                                  | Address<br><b>2835 E. 9th</b>   |  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u><i>Rheumatic heart disease</i></u><br>DUE TO (b) <u><i>mitral &amp; aortic lesions</i></u><br>DUE TO (c) <u><i>myocardial failure</i></u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>410*</b> |   |
| 19. INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b>  |                                  | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ Month, Day, Year _____<br>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<br><b>Kansas City</b>  |  | COUNTY _____ STATE _____  |   |
| 21. I attended the deceased from <u><i>about 1950</i></u> to <u><i>11/20/58</i></u> and last saw her alive on <u><i>11/19/58</i></u><br>Death occurred at <u><i>5:15 AM</i></u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  | 22a. SIGNATURE (Degree or title)<br><i>J. J. Farnsworth MD</i>  |  | 22b. ADDRESS<br><i>1103 Grand Ave, MO</i>   |   |
| 22c. DATE SIGNED<br><i>11/20/58</i>  |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>11-22-58</b>  |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>  |                                  | 23d. LOCATION (City, town, or county)<br><b>Kansas City, Missouri</b>   |  | (State)   |   |
| 24. FUNERAL DIRECTOR<br><b>Melody-McGilley-Eylar Funeral Home</b><br><b>Woodland-Linwood</b>   |                                  | ADDRESS<br><b>Woodland-Linwood</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>11-21-58</b>   |   |
| 26. REGISTRAR'S SIGNATURE<br><i>Neva Marshall</i>  |                                  | 27. (Licensed Embalmer's Statement on Reverse Side)   |  |   |   |

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
J. J. Farnsworth

All diseases in Part I must be causally related. No symptoms will be listed.

Dr. J. J. Jackson  
Prof. Betz  
Vi 2-34 (A)  
2-6 PM Thu

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 Melvin Barton  
Licensed Embalmer No. 4903  
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.