

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021556

STATE FILE NUMBER

FILED JUN 17 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2731

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-57 D

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY, Mo.		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOWNTOWN Hosp		d. STREET ADDRESS (If outside, give location) 1304 Troost	
3. NAME OF DECEASED (Type or print) First Middle Last Phillipa (Phillip) MICELI		4. DATE OF DEATH Month Day Year 5 - 29 - 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-7-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRY GOODS SALESMAN - RETIRED		11. BIRTHPLACE (City and state or country) ITALY	12. CITIZEN OF WHAT COUNTRY? U-S
13a. FATHER'S NAME GIOVANNI MICELI		13b. MOTHER'S MAIDEN NAME COLOGERA GERBIGLIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT LEONARDO MICELI, 7605 AVE F HOUSTON, TEX.	
16. SOCIAL SECURITY NO. NONE		14. NAME OF HUSBAND OR WIFE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic Carcinoma of Colon			1 year
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1538			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 Month, Day, Year a.m. p.m.			
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 6-28-58 to 5-29-59 and last saw him alive on 5-29-59 Death occurred at 9:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. A. Negro (Degree or title) M.D.		22b. ADDRESS 1222 N. 2nd St.	
		22c. DATE SIGNED 6-2-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 3, 1959	
23c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's Cem.		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR Peter B. Lopez, K.C. Mo.		25. DATE RECD. BY LOCAL REG. 6-3-59	
		26. REGISTRAR'S SIGNATURE New Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

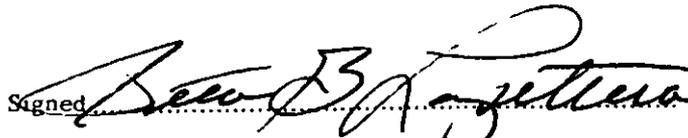
All diseases in Part I must be causally related.

J. A. Negro

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 
Licensed Embalmer No. 4273
P. O. Address K.C. 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.