

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-010962

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1750 STATE FILE NUMBER

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) OR TOWN <u>Kansas City</u> Length of stay in lb <u>1898</u>		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>Lille sisters of Charpoor 5331 Highland</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5331 Highland</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ANELLO</u> Middle <u>GRECO</u> Last <u>GRECO</u>		4. DATE OF DEATH Month <u>3</u> Day <u>25</u> Year <u>60</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 27 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.L. SHOW CASE CO</u>	9. AGE (last birthday) <u>88</u>
11. BIRTHPLACE (City and state and country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>NICOLA GRECO</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA MARIE DI BRASA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		14. NAME OF HUSBAND OR WIFE <u>Rosaria Greco</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <u>Mrs Maria Calderone Holmes 512</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>Pneumonia (hypostatic)</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>30 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>2/19/60</u>		20f. CITY, TOWN, OR LOCATION <u>3/25/60</u> COUNTY <u>3/24/60</u> STATE _____	
21. I attended the deceased from <u>2/19/60</u> to <u>3/25/60</u> and last saw him alive on <u>3/24/60</u> . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joseph A. Fogarty</u> (Degree or title) _____		22b. ADDRESS <u>402 Northman Rd</u>	
22c. DATE SIGNED <u>3/25/60</u>		22d. LOCATION (City, town, or county) <u>K.L.M.O</u> (State) _____	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3-28-60</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt St Marys</u>		23d. LOCATION (City, town, or county) <u>K.L.M.O</u>	
24. FUNERAL DIRECTOR <u>Sebbel's</u> ADDRESS <u>K.C.M.O.</u>		25. DATE RECD. BY LOCAL REG. <u>3-25-60</u>	
26. REGISTRAR'S SIGNATURE <u>New Marshall</u>		_____	

DOCUMENT

BY AFFIDAVIT OF Joseph A. Fogarty, M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~of~~ by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Forrest D. Coldsnow

Licensed Embalmer No. 4714

P. O. Address K.P.W.

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