

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041966

FILED VS DEC 12 1960

149

Registration District No. Primary Registration District No. 1002

Registrar's No.

5834

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Length of stay in 1b <i>65 yrs</i>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <i>St. Huber Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>5935 Hemison</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>ROSE</i> Middle <i>M</i> Last <i>DONNICI</i>				4. DATE OF DEATH Month <i>11</i> Day <i>18</i> Year <i>1960</i>				
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>3-25-1895</i>	9. AGE (last birthday) <i>65</i>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Santo Scarcello</i>			13b. MOTHER'S MAIDEN NAME <i>Roseanna Focco</i>			14. NAME OF HUSBAND OR WIFE <i>Charles</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>498-38-5146A</i>		17. INFORMANT <i>Charles Donnicci Jr.</i> Address <i>5935 Hemison</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Heart Failure</i> DUE TO (b) <i>Arterial septal defect</i> DUE TO (c) <i>—</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i> <i>Life</i>	
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 checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <i>9 1950</i> to <i>11-18-60</i> and last saw her/him alive on <i>11-17-60</i> Death occurred at <i>A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Mark Dody MD</i>				22b. ADDRESS <i>Mark Dody, KC Mo</i>			22c. DATE SIGNED <i>11-20-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11-21-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lakewood Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo</i>			
24. FUNERAL DIRECTOR <i>Lawrence Bass</i>			ADDRESS <i>KC Mo</i>		25. DATE RECD. BY LOCAL REG. <i>11-20-60</i>		26. REGISTRAR'S SIGNATURE <i>H-L. Dwyer</i>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF Mark Dody

*B. A. Robinson De Dodge*  
*4635 Wyandotte*  
*Je 1-0552*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Al Rosentens*

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.