

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046293

FILED VS DEC 3 0 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6198 STATE FILE NUMBER

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1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</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>ST. LUKE'S HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>6526 ROCKHILL</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MARIA</u> Middle <u>T</u> Last <u>RANDAZZO</u>			4. DATE OF DEATH Month <u>12</u> Day <u>8</u> Year <u>60</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-8-22</u>	9. AGE (last birthday) <u>38</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>ITALY</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>FRANCIS AMMATELLI</u>			13b. MOTHER'S MAIDEN NAME <u>MARY MADELINE LATROCA</u>		14. NAME OF HUSBAND OR WIFE <u>Salvatore Randazzo</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>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>MR. SALVATORE RANDAZZO</u> Address: <u>6526 ROCKHILL RD.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
DUE TO (b)		
DUE TO (c)		
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 <u>7:30</u> a.m. 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 <u>KANSAS CITY</u>	COUNTY <u>JACKSON</u>	STATE <u>MO.</u>
21. I attended the deceased from <u>1955</u> to <u>Dec 8 '60</u> and last saw her <u>alive</u> on <u>Dec 7 '60</u> Death occurred at <u>7:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>AW Robinson M.D.</u> (Degree or title)	22b. ADDRESS <u>4635 Maryland</u>	22c. DATE SIGNED <u>12-10-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-10-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S CEMETERY</u>
23d. LOCATION (City, town, or County) <u>Kansas</u>		(State)

24. FUNERAL DIRECTOR <u>MELLODY-M-SILLEY-EYLAR-1800 LINWOOD</u>	25. DATE RECD. BY LOCAL REG. <u>12-9-60</u>	26. REGISTRAR'S SIGNATURE <u>H-L-Dewyer</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

W. Robinson MEDICAL CERTIFICATION

BY AFFIDAVIT OF

D.O. A. 26
4635 26

Sign

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Hayden F. Dickson

Licensed Embalmer No. 5120

P. O. Address K. C. 9, 1

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