

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

31581-025314  
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

FILED JUL 17 1961

DATE AMENDED  
7-6-61

INSTEAD OF THIS RECORD ARE AS FOLLOWS  
June 26, 1961

SHOULD READ  
June 27, 1961

ITEM NO. 4

DOCUMENT H osp. Record.  
BY AFFIDAVIT OF Funeral Director  
Albert I. Decker

MEDICAL CERTIFICATION

|   |   |   |  |
|---|---|---|--|
| 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>   |   | Length of stay in 1b<br><b>55 yrs.</b>  | c. CITY OR TOWN <b>Kansas City</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>2923 York</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>           |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>MRS. MARY LICATA</b>   |   |   | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>27</b> Year <b>1961</b>   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>Italian</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>3-7-1885</b>  |
| 9. AGE (last birthday)<br><b>76</b>   |   | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HR<br>Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Sanbucad, Sicilia</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   | 13a. FATHER'S NAME<br><b>Peter Gulotta</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Calogera Amadeo</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Leonard Licata</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>   |   | 17. INFORMANT<br><b>Leonard Licata-2923 York</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) <b>Acute lymphocytic leukemia</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 weeks</b>   |
| 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)<br><b>Diabetes mellitus</b>     |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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 _____<br>a.m. _____<br>p.m. _____   | Month, Day, Year  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <b>June 14, 1961</b> to <b>June 26, 1961</b> and last saw her live on <b>June 26, 1961</b>                                       |   | Death occurred at <b>about 2:00 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.                                 |  |
| 22a. SIGNATURE (Degree or title)<br><b>Albert I. Decker MD</b>  |   | 22b. ADDRESS<br><b>Kansas City, Missouri</b>  | 22c. DATE SIGNED<br><b>6/27/61</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>6-29-61</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. St. Mary's Cem.</b>  | 23d. LOCATION (City, town, or county)<br><b>Kansas City, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Melody-McGilley-Eylar- 1800 E. Linwood</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>6-27-61</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>  |

Dr. Albert D.  
Waldheim, Bl.  
6-2-115K

Tues. - after noon

**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 Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address Indep., 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.