

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041221

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5755 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

**FILED DEC 11 1961**

1. PLACE OF DEATH  
 a. COUNTY JACKSON  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 8 yrs  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION GLADSTONE NURSING HOME 423 GLADSTONE Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MISSOURI b. COUNTY JACKSON  
 c. CITY OR TOWN KANSAS CITY Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 128 OLIVE Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First GILDA Middle RAPACHI Last  
 4. DATE OF DEATH Month 11 Day 16 Year 61

5. SEX F. 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH OCT 8 1891 9. AGE (last birthday) 70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) HOUSE WIFE  
 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (City and state or country) ITALY  
 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME FIDEL CARMEL 13b. MOTHER'S MAIDEN NAME unk' 13c. NAME OF HUSBAND OR WIFE EDWARD RAPACHI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
 16. SOCIAL SECURITY NO.  
 17. INFORMANT Address MRS CHARLES LAMONICA 128 OLIVE KC Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Heart attack Terminal Pneumonia Terminal  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease  
 DUE TO (c) Arteriosclerosis were generalized.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition of part I (a) Semity  
 PART III. If deceased was a pregnant woman, state whether there was a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
 20a. ACCIDENT  SUICIDE  HOMICIDE   
 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  
 20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
 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 6-26-54 to 11-16-61 and last saw her alive on 10-7-61  
 Death occurred at 6:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Haight M.D. 22b. ADDRESS 3401 E. 12th KC Mo 22c. DATE SIGNED 11-17-61

23a. BURIAL, REMOVAL, OR REMOVAL (Specify) REMOVAL 23b. DATE 11-17-61 23c. NAME OF CEMETERY OR CREMATORY MT OLIVE 23d. LOCATION (City, town, or county) (State) PITTSBURG, KANSAS

24. FUNERAL DIRECTOR ADDRESS SEBBETO'S K.C. Mo. 25. DATE RECD. BY LOCAL REG. 11-17-61 26. REGISTRAR'S SIGNATURE Ruth Long

*Dr Haight  
3401 E 18th*

**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 *Farrest D. Coldenow*

Licensed Embalmer No. *4714*

P. O. Address *K. C. W.*

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.