

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001461

FILED FEB 6 1962 149

Registration District No. Primary Registration District No. 1002 Registrar's No. 327

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansan City,			Length of stay in 1b 55Yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3519 Morrell	
3. NAME OF DECEASED (Type or print) First Frank Middle B. Last Albi				4. DATE OF DEATH Month Jan. Day 18 Year 1962			
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-18-1887	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Handler			10b. KIND OF BUSINESS OR INDUSTRY K.C. Term. Railway Co.		11. BIRTHPLACE (City and state or country) Italy		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Angelo Bruno			13b. MOTHER'S MAIDEN NAME unk.			14. NAME OF HUSBAND OR WIFE -	
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. [redacted]		17. INFORMANT Address Charles J. Albi 8710 W. 70 Terr Kans		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of stomach						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 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 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		COUNTY	STATE		
21. I attended the deceased from Jan. 1960 to Jan. 1962 and last saw him alive on Jan. 18, 1962 Death occurred at 2¹⁰ p m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Albert J. Docher MD (Degree or title)				22b. ADDRESS Kansas City Mo			22c. DATE SIGNED 1-19-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-22-62	23c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's Cem.		23d. LOCATION (City, town, or county) Kansas City Mo			(State)
24. FUNERAL DIRECTOR Lapetina Fun'l Home-538 Campbell			ADDRESS		25. DATE RECD. BY LOCAL REG. 1-19-62	26. REGISTRAR'S SIGNATURE Ruth Long	

K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF
 Albert J. Docher
 MEDICAL CERTIFICATION

