

FILED JUL 8 1950

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 205224

BIRTH NO. _____		REG. DIST. NO. _____		149 PRIMARY REG. DIST. NO. _____		1002 Registrar's No. _____		2702						
1. PLACE OF DEATH a. COUNTY Jackson					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City			c. LENGTH OF STAY (In this place) 25 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City									
d. FULL NAME OF HOSPITAL OR INSTITUTION 1301 E. 13th.					d. STREET ADDRESS (If rural, give location) 1301 E. 13th. <i>2/68</i>									
3. NAME OF DECEASED (Type or Print) Giuseppe			a. (First)		b. (Middle)		c. (Last) Vazzano		4. DATE OF DEATH (Month) (Day) (Year) June 16, 1950					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 1-8-97		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) grocer			10b. KIND OF BUSINESS OR INDUSTRY retail grocer			11. BIRTHPLACE (State or foreign country) Italy <i>S</i>			12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13a. FATHER'S NAME Santo Vazzano				13b. MOTHER'S MAIDEN NAME Giuseppina -				14. NAME OF HUSBAND OR WIFE Catherine Vazzano						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Vazzano 1301 E. 13th.								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)										MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardio renal failure										1 year				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.										ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.										DUE TO (b) hypertension and hypertensive heart disease				
DUE TO (c)										10 yrs.				
II. OTHER SIGNIFICANT CONDITIONS										Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from 9-27 , 19 49 , to 6-16 , 19 50 , that I last saw the deceased alive on 6-16 , 19 50 , and that death occurred at 6:40P m., from the causes and on the date stated above.														
23a. SIGNATURE Florence E. Mac Innis (Name or title)						23b. ADDRESS 1301 E. 13th.			23c. DATE SIGNED 10/16/50					
24a. BURIAL, CREMATION, REMOVAL (Specify) burial			24b. DATE 6-19-50		24c. NAME OF CEMETERY OR CREMATORY Mt. St. Marys			24d. LOCATION (City, town, or county) (State) Kansas City, Mo.						
DATE REC'D BY LOCAL REG. 6-18-50			REGISTRAR'S SIGNATURE Seraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE Sebbeto's			ADDRESS Kansas City, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.

WRITE PLAINLY—USING UNFADING

case, injury, or complication which caused death.		DUE TO (c) <i>1</i>			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
			<i>Jackson City Jackson Mo</i>		
21d. TIME OF INJURY	(Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?		
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>9/27</u> 19 <u>49</u> to <u>6/16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6/16</u> , 19 <u>50</u> , and that death occurred at <u>6:40 p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE		(Degree or title)	23b. ADDRESS		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<i>BURIAL</i>	<i>6/19/50</i>	<i>MT ST MARY'S</i>		<i>KANSAS CITY MO</i>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<i>6-18-50</i>	<i>Seraldine Holmes</i>	<i>SEBBETO'S</i>		<i>CITY</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Ray E. Inman

Licensed Embalmer No. 2560

P. O. Address N E M

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 this body is not embalmed, fact should be so stated above.