

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

003

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1002

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 2
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) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 47 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION LEXINGTON & OLIVE		d. STREET ADDRESS (If rural, give location) 531 TROOST 3030		
3. NAME OF DECEASED (Type or Print) a. (First) VINCENTO		b. (Middle) ABBOLLITO		c. (Last) ABBOLLITO
4. DATE OF DEATH (Month) 1 (Day) 1 (Year) 51				
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1-11-89	9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARKEEPER		10b. KIND OF BUSINESS OR INDUSTRY LIQUOR		11. BIRTHPLACE (State or foreign country) ITALY S
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME JOE ABBOLLITO		13b. MOTHER'S MAIDEN NAME MARY FRANCIS ABBOLLITO		14. NAME OF HUSBAND OR WIFE MRS MARY ABBOLLITO
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. 500-12-1654		17. INFORMANT'S SIGNATURE OR NAME MRS MARY ABBOLLITO ADDRESS 531 TROOST
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, ashenia, 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)		
DUE TO (c)		420!		
II. OTHER SIGNIFICANT CONDITIONS		History Heart + Diabetes		
Conditions contributing to the death but not related to the disease or condition causing death.		Past Pulsed		
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) Natural		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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE Hugh H. Owens (Degree or title)		23b. ADDRESS 1034 Rialto Blvd		23c. DATE SIGNED 1-2-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-3-51		24c. NAME OF CEMETERY OR CREMATORY MT ST MARY'S CEM
24d. LOCATION (City, town, or county) KANSAS CITY		24e. (State) MO		
DATE REC'D BY LOCAL REG. 1-2-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE SEBBETO'S ADDRESS CITY

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 \_\_\_\_\_

*Ray E. Snow*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2560

P. O. Address K. 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.