

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23047**

| | | | | | | | |
|--|----------------------------|--|--|--|---|---|-----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 2891 | |
| 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) 5 1/2 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 | | | | d. STREET ADDRESS (If rural, give location) 506 Troost | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Vita | | b. (Middle) | | c. (Last) Gulotta | | 4. DATE OF DEATH (Month) (Day) (Year) 7 6 51 | |
| 5. SEX F | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. | | 8. DATE OF BIRTH Unknown | 9. AGE (In years last birthday) 87 | | IF UNDER 1 YEAR Months |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) ITALY | | 12. CITIZEN OF WHAT COUNTRY? ITALY | |
| 13a. FATHER'S NAME TONY PRINCIPALE | | | 13b. MOTHER'S MAIDEN NAME UNK | | 14. NAME OF HUSBAND OR WIFE (DEC) FRANCESCO VINCENZO GULOTTA | | |
| 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 TUDIE GULOTTA 2818 E 9TH | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left femur | | | | 425 F | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 123 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Above address | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Mo. | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 27 51 P.m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Fall | | | |
| 22. I hereby certify that I attended the deceased from June 27 , 19 51 , to July 6 , 19 51 , that I last saw the deceased alive on July 6 , 19 51 , and that death occurred at 11:05 P.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) B.I. Burns M.D. | | | | | 23b. ADDRESS 24th & Cherry | | 23c. DATE SIGNED 7-7-51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BEHIALA | | 24b. DATE 7-9-51 | 24c. NAME OF CEMETERY OR CREMATORY ST MARY'S | | 24d. LOCATION (City, town, or county) (State) K.C. MO. | | |
| DATE REC'D BY LOCAL REG. 7-8-51 | | REGISTRAR'S SIGNATURE Geraldine Palmer | | 25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S | | ADDRESS K.C. Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

H. Brunner

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
Student Embalmer

Signed *Russell France*

Licensed Embalmer No. *4255*

P. O. Address *K6 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 this body is not embalmed, fact should be so stated above.

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| 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) TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 | | d. STREET ADDRESS (If rural, give location) 506 Troost 3028 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Vita | | b. (Middle) | | c. (Last) Gulotta |
| 4. DATE OF DEATH (Month) (Day) (Year) 7 6 51 | | 5. SEX F | | |
| 6. COLOR OR RACE W. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED W. <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH 3/14/1862 |
| 9. AGE (In years last birthday) 87 89 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 11. BIRTHPLACE (State or foreign country) ITALY 5 |
| 12. CITIZEN OF WHAT COUNTRY? ITALY | | 13. FATHER'S NAME Prinzivalli Tony Prinzivalli | | |
| 14. MOTHER'S MAIDEN NAME Francesca La Rosa | | 15. NAME OF HUSBAND OR WIFE VINCENTO VINCENTO GULOTTA (DEC) | | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 17. SOCIAL SECURITY NO. NONE | | 18. INFORMANT'S SIGNATURE OR NAME ADDRESS JUDIE GULOTTA 2818 E 9TH |
| 19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left femur | | |
| 20. INTERVAL BETWEEN ONSET AND DEATH 4200 F | | 19a. DATE OF OPERATION | | |
| 19b. MAJOR FINDINGS OF OPERATION 123 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Above address | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Mo. |
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| 24d. LOCATION (City, town, or county) (State) K.C. MO. | | DATE REC'D BY LOCAL REG. 7-8-51 | | |
| REGISTRAR'S SIGNATURE Geraldine Palmer | | 25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S | | ADDRESS K.C. Mo. |

(Licensed Embalmer's Statement on Reverse Side)

Items #8,9,13a,b,10b amended by affidavit of funeral home 6/11/2010 art