

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8471
State File No. 1001
Registrar's No.

8378-54
FILED MAR 25 1954

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	b. COUNTY Jackson
c. LENGTH OF STAY (in this place) 6 weeks		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 306 Ord. Ave		e. STREET ADDRESS (If rural, give location) 306 Ord Ave 3108	

3. NAME OF DECEASED (Type or Print) a. (First) Anita b. (Middle) Jo c. (Last) Ancona			4. DATE OF DEATH (Month) (Day) (Year) 3-5-54
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan 22 1954	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1 Days 14	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Kansas City MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Ancona	13b. MOTHER'S MAIDEN NAME Catherine Patti	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joseph Ancona	ADDRESS 306 Ord KCMO
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease		INTERVAL BETWEEN ONSET AND DEATH from Birth
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probable Septal Defect		
	DUE TO (c) Congenital Complete Heart Block		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1/22, 1954**, to **2/27, 1954** that I last saw the deceased alive on **2/27, 1954** and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE Clark W. Seely MD (Degree or title)	23b. ADDRESS 411 Nichols Road	23c. DATE SIGNED 3/5/54 (State)
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-6-54	24c. NAME OF CEMETERY OR CREMATORY St. Olivet Cemetery	24d. LOCATION (City, town, or county) Kansas City MO
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DATE REC'D BY LOCAL REG. 3-6-54	REGISTRAR'S SIGNATURE Bealdine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Passantino Bros	ADDRESS KCMO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Seely
411 Nichols Rd
Lo 8102

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..... *Frances Walton*

Licensed Embalmer No. *274*

P. O. Address *12 C. M. 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.