

FILED MAY 28 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15720**

BIRTH NO. _____ REG. DIST. NO. **199** PRIMARY REG. DIST. NO. **1001** Registrar's No. **2107**

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. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 11 yrs.		e. STREET ADDRESS (If rural, give location) 611 Elmwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION 611 Elmwood			

3. NAME OF DECEASED (Type or Print) Teresa		a. (First) Teresa	b. (Middle) M.	c. (Last) ANGOTTI	4. DATE OF DEATH (Month) (Day) (Year) May 11, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-21-89	9. AGE (In years last birthday) 64	# UNDER 1 YEAR Months 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Torohia		13b. MOTHER'S MAIDEN NAME Concetta Cardonatta		14. NAME OF HUSBAND OR WIFE Frank P. Angotti	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS F. P. Angotti, 611 Elmwood, KC, Mo.	

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) Cerebral Hemorrhage		DUPLICATE			1 hr	
ANTECEDENT CAUSES		DUE TO (b) Hypertension			Yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Arteriosclerosis			Yrs	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			331X	

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)	
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 **1950, 10/MAY, 1954**, that I last saw the deceased alive on **9 MAY, 1954**, and that death occurred at **A m.**, from the causes and on the date stated above.

23a. SIGNATURE S. David Henry (Degree or title)		23b. ADDRESS 1115 Grand Ave		23c. DATE SIGNED 11 MAY 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/14/54		24c. NAME OF CEMETERY OR CREMATORY St. Mary's	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 5-11-54		REGISTRAR'S SIGNATURE Seraldine Smith			

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

Dr. A. D. Henry
Shubert Bldg.
Before 3 00

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.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.