

FILED APR 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. 8176  
1092

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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 OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 40 yrs	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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		e. STREET ADDRESS 523 TRACY	303 1/2

3. NAME OF DECEASED (Type or Print) ANNA		a. (First)	b. (Middle)	c. (Last) DI MAGGIO	4. DATE OF DEATH (Month) (Day) (Year) 3-9-55		
5. SEX FE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2		8. DATE OF BIRTH 12-19-1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) ITALY, TORRETA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME BENEDETTO RACCVGLIA		13b. MOTHER'S MAIDEN NAME - A. DI MAGGIO		14. NAME OF HUSBAND OR WIFE FERDINANDO DI MAGGIO	
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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) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anthony Di Maggio 521 TRACY	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURE HIP RIGHT		INTERVAL BETWEEN ONSET AND DEATH 5 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Malacia, Senile Dementia		3 mos.	
		DUE TO (c) Arteriosclerotic Cardiovascular Disease		6 mos.	
		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"/>	
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21a. ACCIDENT (Specify) ACCIDENT		21b. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.) CONVALESCENT HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) KANSAS CITY JACKSON MO.	
21d. TIME OF INJURY 3-4-55 9p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR FELL WHILE GETTING OUT OF BED	

22. I hereby certify that I attended the deceased from Dec 1954, to March 9, 1955, that I last saw the deceased alive on March 9, 1955, and that death occurred at 11:20 AM, from the causes and on the date stated above.

23a. SIGNATURE Edward P. Altomare (Degree or title) M.D.		23b. ADDRESS 1030 E Pacific KCMo		23c. DATE SIGNED 3-10-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-12-55		24c. NAME OF CEMETERY OR CREMATORY Mt St Mary's		24d. LOCATION (City, town or county) (State) KCMo	
DATE REC'D BY LOCAL REG. 3-11-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Sara B. Negetura KCMo	

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

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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 *John B. Lupton*.....

Licensed Embalmer No. *477*.....

P. O. Address *100 210*.....

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.