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FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16287**
1868

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

1. PLACE OF DEATH a. COUNTY <u>Jackson Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City, Mo.</u>	c. LENGTH OF STAY (in this place township) <u>62 days</u>	c. CITY OR TOWN <u>Kansas City,</u>	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 <u>Menorah Medical Center</u>		e. STREET ADDRESS (If rural, give location) <u>711 Harrison 607 Grand</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sam</u> b. (Middle) <u>Santo</u> c. (Last) <u>Cipolla</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-28-56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M WIDOWED</u>	8. DATE OF BIRTH <u>Oct 15 1868</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fruit & Produce</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Balermo Italy</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Lorenzo Cipolla</u>		13b. MOTHER'S MAIDEN NAME <u>Peterina Mangano</u>		14. NAME OF HUSBAND OR WIFE <u>Maria Cipolla (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Cipolla</u> ADDRESS <u>607 Grand</u>	

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) <u>MASSIVE Left INTRACEREBRAL Hemorrhage</u>		ANTECEDENT CAUSES		331X	
*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 (b) <u>CEREBRAL ARTERIOSCLEROSIS</u>			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <u>Bronchopneumonia, Left Lung</u> <u>Old Encephalomalacia, Pons and Cerebellum</u>			

19a. DATE OF OPERATION <u>4-15-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Increased Cerebro Spinal Fluid</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>Kansas City Jackson Mo.</u>	
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 Mar 31st 1956, to April 28, 1956, that I last saw the deceased alive on April 27 1956, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph Getelson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1270 Rialto Bldg</u>		23c. DATE SIGNED <u>4-30-56</u>	
24a. BURIAL/CREMATION/REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-1-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Mary's</u>	
24d. LOCATION (City, town, or county) (State) <u>KC Mo</u>					

DATE REC'D BY LOCAL REG. <u>4-30-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Joseph</u> ADDRESS <u>KC Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.