

Health, Welfare, Public Service
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 Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Geo. C. Keenan

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1957

STATE FILE NUMBER 4997
 727

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 727

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, give TOWNSHIP only) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARYS HOSP			Length of stay in 18 mos. 45 yrs.			d. STREET ADDRESS (If outside, give location) 8417 BOONE			
3. NAME OF DECEASED (Type or print) First MIDDLE LAST FRANK SIVIGLIANO			4. DATE OF DEATH Month Day Year 2 11 57						
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAY 24 1898	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
						Months	Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE MAKER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) LICATA, ITALY		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME SALVATORE SIVIGLIANO				14. MOTHER'S MAIDEN NAME ANTONIA MAGRO					
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. 486-364381		17. INFORMANT BUSTER SIVIGLIANO 8417 Boone				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>myocardial infarction</u> DUE TO (c) <u>arteriosclerotic heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 43 days 4200		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			COUNTY STATE		
21. I attended the deceased from 2-10-57 to 2-10-57 and last saw her alive on 2-10-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Geo. C. Keenan				22b. ADDRESS 6625 Pearl St 5000			22c. DATE SIGNED 2-13-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-14-57	23c. NAME OF CEMETERY OR CREMATORY MT ST MARYS		23d. LOCATION (City, town, or county) KANSAS CITY MO				
24. FUNERAL DIRECTOR ADDRESS SEBETO'S K.C. MO.			25. DATE RECD. BY LOCAL REG. 2-14-57		26. REGISTRAR'S SIGNATURE neva minahall				

(Licensed Embalmer's Statement on Reverse Side)

Teacher C.E.O.C
6687 Pine
DE 39187

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, ~~by~~, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Forest D. Goldsnow*

Licensed Embalmer No. *47*

P. O. Address *K.P. W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.