

Health,
Welfare
Public
Service

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-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with obvious 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
William L. Hayes

FILED MAR 26 1957

STANDARD CERTIFICATE OF DEATH

8605

STATE FILE NUMBER 1103

Registration District No. 149 Primary Registration District 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 (If outside corporate limits, give TOWNSHIP only) OR TOWN 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 VA Hospital		Length of stay in 34 years		d. STREET ADDRESS (If outside, give location) 536 Forest	
3. NAME OF DECEASED (Type or print) First NICK Middle CICCIO Last CICCIO			4. DATE OF DEATH Month March Day 8 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-9-22	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car man		10b. KIND OF BUSINESS OR INDUSTRY R.R.		11. BIRTHPLACE (City and state or country) Kansas City, Missouri	
13. FATHER'S NAME Jasper Ciccio			14. MOTHER'S MAIDEN NAME Antoinette Prone		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 500 03 9379		17. INFORMANT Address VA Hospital Official Records	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Embryonal carcinoma of testicle					INTERVAL BETWEEN ONSET AND DEATH 13 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					198X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____					
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 January 3, 1957 to March 8, 1957 Death occurred at 10:05 a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Type or title) William L. Hayes M.D.			22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 3-8-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-11-57	23c. NAME OF CEMETERY OR CREMATORY OMT OLIVET		23d. LOCATION (City, town, or county) (State) K.C. Mo.	
24. FUNERAL DIRECTOR ADDRESS SEBBETO'S K.C. Mo.		25. DATE RECD. BY LOCAL REG. 3-9-57		26. REGISTRAR'S SIGNATURE neva mitchell	

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1957

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 *Forrest D. Goldsmo*

Licensed Embalmer No. 47

P. O. Address *K.C.M.*

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.