

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

8906

FILED MAR 26 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1143

300  
-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Guido Podrecca

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>WYANDOTTE</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>KANSAS CITY</b> <i>41508</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			Length of stay in hospital <b>480 days</b>		d. STREET ADDRESS <b>2611 WOOD</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MAURICE</b> Middle <b>ROBERT</b> Last <b>SMITH</b>				4. DATE OF DEATH Month <b>March</b> Day <b>9</b> Year <b>1957</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 12, 1891</b>		9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SWITCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAIL ROAD</b>		11. BIRTHPLACE (City and state or country) <b>PIPER, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>FRED SMITH</b>				14. MOTHER'S MAIDEN NAME <b>MARY GRISHAM</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>712-01-9136</b>		17. INFORMANT Address <b>Official Records, VA Hospital, K.C., Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary edema and bronchopneumonia</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Failure of right ventricle and atrium of heart.</b> DUE TO (c) <b>enlargement of heart - emphysema</b> 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  <b>5271</b>
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 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. Attended the deceased from <b>Nov 14, 1955</b> to <b>March 9, 1957</b> Death occurred at <b>9:55 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Guido Podrecca M. D.</b> (Degree or title)				22b. ADDRESS <b>VA Hospital, K.C., Mo.</b>		22c. DATE SIGNED <b>3-10-57</b>	
23a. BURIAL OR CREMATION. REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-12-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		23d. LOCATION (City, town, or county) <b>KANSAS CITY KANS.</b>		(State)	
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons</b> ADDRESS <b>703 N 10 ST</b>			25. DATE RECD. BY LOCAL REG. <b>3-11-57</b>	26. REGISTRAR'S SIGNATURE <b>Nevo Marshall</b>			

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 *Paul R. Williamson*

Licensed Embalmer No. *50*

P. O. Address *Overland*

*Kan*

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.