

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **3147**

FILED AUG 1 - 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3147

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (where deceased lived. If institutional residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City North</u>		Outside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb <u>Menorah Hosp 10 days</u> X				d. STREET ADDRESS (If not give location) <u>6817 N. Walnut</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>Sete Cigolla</u>				4. DATE OF DEATH Month <u>7</u> Day <u>7</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7/16/1910</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Buyer at P. Grocers</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at P. Grocers</u>		11. BIRTH PLACE (City and state or country) <u>K C Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Romnick Cigolla</u>				14. MOTHER'S MAIDEN NAME <u>Rose Randaggio</u>			
15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no, or unknown) If yes, give year & dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-03-5676</u>		17. INFORMANT <u>Mary Cigolla 6817 N. Walnut</u>			
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>Convulsions</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>anoxia</u>				-	
		DUE TO (c) <u>Arterial Sclerosis</u>				-	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Rheumatic Heart Disease</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
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 - a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>1951</u> to <u>7-7-57</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>7-3-57</u> . Death occurred at <u>7:30</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>William Lowe Mandy</u> (Degree or title)				22b. ADDRESS <u>1103 Grand</u>		22c. DATE SIGNED <u>7-8-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>7/10/57</u>		<u>mt Olivet</u>		<u>K C Mo</u>	
24. GENERAL DIRECTOR <u>Robert L. ...</u>				25. DATE RECD. BY LOCAL REG. <u>7-8-57</u>		26. REGISTRAR'S SIGNATURE <u>New Minshatt</u>	

Dr Munday  
420 Duff Blvd  
Vt 24075

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 *Peter B. Luzzetta*

Licensed Embalmer No. *47*

P. O. Address *1002*

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.