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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1958

STATE FILE NUMBER 1508 254

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center — Length of stay in 1b 4 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Hickman Mills — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 11300 Palmer (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ~~Daniel~~ DOMENICO Middle Last Zaccardo

4. DATE OF DEATH Month Jan. Day 15 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 4-25-85
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Baker
10b. KIND OF BUSINESS OR INDUSTRY Lou Bakery Co
11. BIRTHPLACE (City and state or country) Potenza Italy
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Frank Zaccardo
13b. MOTHER'S MAIDEN NAME Rose Marie ~~Zaccardo~~
14. NAME OF HUSBAND OR WIFE May Zaccardo

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. 099-18-8283
17. INFORMANT May Zaccardo Address Hickman Mills 11300 Palmer Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — Unknown
DUE TO (c) — 4 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Preterminal uremia

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 1/8/58 to 1/15/58 and last saw him alive on 1/15/58
Death occurred at 1:33 pm on 1/15/58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alexander Shiffrin M.D. (Degree or title)
22b. ADDRESS 701 East 63rd K.C. 10, Mo.
22c. DATE SIGNED 1/15/58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 1-16-58
23c. NAME OF CEMETERY OR CREMATORY St Raymond Cem.
23d. LOCATION (City, town, or county) (State) Bronx N.Y.

24. FUNERAL DIRECTOR Peter Magetsa ADDRESS KC Mo
25. DATE RECD. BY LOCAL REG. 1-16-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Alexander Shiffrin

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. Kaufman

Licensed Embalmer No. 4273

P. O. Address K.C. Mo.

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.