

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008751

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 55

FILED APR 2 1959

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>No Kansas City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Parkville</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mc Memorial Hosp. 4274</u>		d. STREET ADDRESS (If outside give location) <u>1808 Cadwallader St</u>	
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>DISCIACCA</u> Last <u>DISCIACCA</u>		4. DATE OF DEATH Month <u>3</u> Day <u>24</u> Year <u>1959</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>1-2-1890</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> Min. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>produce</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>produce</u>	11. BIRTHPLACE (City and state or country) <u>Italy</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Joe Disciaccia</u>		13b. MOTHER'S MAIDEN NAME <u>Mamie Disciaccia</u>	14. NAME OF HUSBAND OR WIFE <u>Mamie Disciaccia</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-22-4081</u>	17. INFORMANT Address <u>Joe Disciaccia 338 Brooklyn</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>congestive heart failure</u> DUE TO (b) <u>liver head disease</u> DUE TO (c) <u>023X</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 <u>6 weeks</u> <u>15 yrs</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 Hour <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>			
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 <u>Jan 15, 59</u> to <u>3-24-59</u> and last saw ^{her} him alive on <u>3-24-59</u> Death occurred at <u>3:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H.C. Thurman M.D.</u>		22b. ADDRESS <u>1151 1/2 Parkville, Mo</u>	22c. DATE SIGNED <u>3-27-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-28-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>mt Olivet Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>L. Amadio Bros KC Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-27-59</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

11319
Sh 1-3101 - 2-5-18

JUN 9 1959



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 *Leonard Passantino*

Licensed Embalmer No. *4554*
P. O. Address *Ke 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.