IRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 25 1959

59-032300

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 4377

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 1903
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST Lukes
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 145 N Van Brunt
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MRS Middle CATERINA Last DONNICI
4. DATE OF DEATH Month 9 Day 8 Year 59
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4-8-1887
9. AGE (last birthday) 72
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ITALY
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME PASQUALE TOSTI
13b. MOTHER'S MAIDEN NAME RAPHAELA DONNICI
14. NAME OF HUSBAND OR WIFE ANGELO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Sam Tosti Address 145 N Van Brunt

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction	8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Decease	6 yrs+.
DUE TO (c)	Arteriosclerosis, generalized	"

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 January 1, 1958 to Sept 8, 59 and last saw her/him alive on 9-8-59.
Death occurred at ~~St Luke's Hosp Kansas City Mo~~ 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Arnold V. Arms (Degree or title) MD.
22b. ADDRESS 4635 Wyandotte Mo.
22c. DATE SIGNED 9-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-10-59
23c. NAME OF CEMETERY OR CREMATORY MT ST MARY S.
23d. LOCATION (City, town, or county) (State) Kansas City Mo
24. FUNERAL DIRECTOR Sebbetos K.C. Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG. 9-9-59
26. REGISTRAR'S SIGNATURE Irene Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Arnold V. Arms

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or~~ by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Forrest D. Coldsnow

Signature of Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.