

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046287

FILED VS DEC 1 9 1960

6069

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 6069

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri		c. CITY OR TOWN Kansas City, Missouri	
Length of stay in 1b 58 yrs		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		d. STREET ADDRESS (If outside, give location) 1246 Huntington Rd.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First Marie	Middle Constance	Last Pucci	4. DATE OF DEATH	Month December	Day 2	Year 1960
-------------------------------------	--------------------	-------------------------	-------------------	------------------	-----------------------	--------------	------------------

5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-12-02	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months 58 Days	IF UNDER 24 HR Hours 58 Min.
----------------------	-------------------------------	---	---------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	---	---	---

13a. FATHER'S NAME Dr. Louis Laurenzana	13b. MOTHER'S MAIDEN NAME Lena Bonja	14. NAME OF HUSBAND OR WIFE Zeno Pucci
--	---	---

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. No	17. INFORMANT Zeno Pucci, 1246 Huntington Road	Address
--	-----------------------------------	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastro-intestinal hemorrhage	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Active duodenal ulcer	
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive cardio-vascular disease - Diabetes	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
--	---

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 12 a.m. 2 p.m.	Month, Day, Year 12-2-60
--	---------------------------------

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 Kansas City, Missouri	COUNTY Jackson	STATE Missouri
--	--	---	-----------------------	-----------------------

21. I attended the deceased from **12-2-60** to **12-2-60** and last saw her **alive** on **12-7-60**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry K. Cohen Degree or title M.D.	22b. ADDRESS 751 E 63rd St.	22c. DATE SIGNED 12-3-60
--	------------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 5, 1960	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
---	------------------------------	--	--

24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home Main - Linwood	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-3-60	26. REGISTRAR'S SIGNATURE H-L Dwyer
---	---------	---	--

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF **Harry K. Cohen**

L + M

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm. H. Gentry

Licensed Embalmer No. 503

P. O. Address NCN

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