

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-044723

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6491

AMENDED

**FILED JAN 15 1962**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>48 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7041 South Benton</b>		d. STREET ADDRESS (If outside, give location) <b>7041 South Benton</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Viver Granzella</b>			4. DATE OF DEATH Month <b>December</b> Day <b>23</b> Year <b>1961</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>cauc.</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
8. DATE OF BIRTH <b>Feb 19, '95</b>		9. AGE (last birthday) <b>66 years</b>		IF UNDER 1 YEAR   IF UNDER 24 HR Months   Days   Hours   Min.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Civil service guard</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>US Record Center</b>		11. BIRTHPLACE (City and state or country) <b>Pisnelle Laris, Italy</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
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13a. FATHER'S NAME <b>Granzella</b>		13b. MOTHER'S MAIDEN NAME <b>Luigia Bruni</b>		14. NAME OF HUSBAND OR WIFE <b>Cesira Granzella</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWI</b>			17. INFORMANT Address <b>Cesira Granzella 7041 So. Benton</b>				
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Extension following shoveling</b> DUE TO (c) <b>Snow</b>							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <b>7</b> Month, Day, Year a.m. p.m.		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 \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>High Owens Coroner</b>		22b. ADDRESS <b>152 Union Station</b>		22c. DATE SIGNED <b>12-21-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-27-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City Missouri</b>		24. FUNERAL DIRECTOR <b>Mehlebach</b>		25. DATE RECD. BY LOCAL REG. <b>12-27-61</b>	
ADDRESS <b>6800 Troost</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
HIGH OWENS  
ITEM NO.  
SHOULD READ

602 5012

**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 Alfred H. Hammons, Student Embalmer No. 646

working under my personal supervision.

Student Alfred H. Hammons Signed [Signature]  
Signature of Student Embalmer

Licensed Embalmer No. 4997

P. O. Address [Signature]

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.