

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

12033
Do not use this space.

REC'D APR 6 1939

1. PLACE OF DEATH 2
 (a) County Randolph Registration District No. 732
 (b) Township Maniteau Primary Registration District No. 4437
 (c) City _____ (d) Street No. 5966 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 30 yrs. mos. ds.

2. PRINT FULL NAME Frank Pizzato
 (a) Residence, No. RED Higbee Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Pizzato

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29th 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>50</u>	<u>0</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tavern Keeper

9. Industry or business in which work was done, as saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Feb. 26th 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy -

FATHER

13. NAME Sebastian Pizzato 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 7

MOTHER

15. MAIDEN NAME Lucia Cassan 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 7

17. INFORMANT Mrs Marie Pizzato
(ADDRESS) RED Higbee Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Mar 2nd 1939

19. FUNERAL DIRECTOR (NAME) Mahan and Son
(ADDRESS) Moberly Mo

20. FILED March 3 1939 J. K. [Signature]
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27th 1939

22. I HEREBY CERTIFY, That I attended deceased from Coroner's Case, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Sunshot wound in head Date of onset 2-27-39

Other contributory causes of importance: 167
stroke

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury 2-27-1939
 Where did injury occur? Randolph Co. Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury as above
 Nature of injury Bullet passed through head

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. W. Shrader, Coroner
 (Address) Moberly, Mo, 4

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District file number 10-39-480

Date filed MAR 28 1939

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Frank S. DeWalt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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 this body is not embalmed, above space should be left blank.