

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

24587

State File No.

Registrar's No.

Registration District No. **85**

Primary Registration District No. **1001**

**702**

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
 (c) Name of hospital or institution: Sr. Joseph's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 Days  
 In this community 30 years  
 years, months or days

3. (a) PRINT FULL NAME Vincent Pacini Jr 250

8. (b) If veteran, name war None 3. (c) Social Security No. 495-07-125

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Pacini 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased March 18 1892  
 (Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 13 If less than one day  
 hr. min.

9. Birthplace Unknown Italy  
 (City, town, or county) (State or foreign country)

10. Usual occupation Hog Killing

11. Industry or business Swift & Co.

12. Name Vincent Pacini

13. Birthplace Unknown Italy  
 (City, town, or county) (State or foreign country)

14. Maiden name Barbara Bonelli

15. Birthplace Unknown Italy  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Pacini

(b) Address R.R.#2, St. Joseph, Mo.

17. (a) Burial (b) Date thereof July 3, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery.

18. (a) Signature of funeral director Norman W. Adolphson

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 7/2/40 (b) H. J. Matthews  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
 (c) City or town Rural  
 (If outside city or town limits write "RURAL")  
 (d) Street No. R.R.#2.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 30 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st  
 year 1940 hour 9 minute 15 AM.

21. I hereby certify that I attended the deceased from June 26  
1940 to July 1, 1940  
 that I last saw him im alive on July 1, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism  
 Due to Internal Hemorrhage 5 ds

Due to 10 Fractures of 2 of St. Ribs  
1st Clavicle on R. Scapula

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 710 m  
 Of autopsy yes

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Automobile collision  
 (b) Date of occurrence June 26 - 1940  
 (c) Where did injury occur? St. Joseph, Mo  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
85 Public place  
 (Specify type of place)  
 While at work? no (a) Means of injury ✓

23. Signature Gustav Han (M. D. or other) ✓  
 Address Kirkwood, Ber. St. Joseph, Mo Date signed 7/2/40

Duration July 1 -  
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *Albert C. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.**