

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14397**

FILED MAY 12 1947
254

Registration District No. 254

Primary Registration District No. 5869 4386

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Thayer
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
(c) City or town Thayer
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maxie Wayne Cerutti

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 21 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>2</u>	<u>28</u>	hr. _____ min.

9. Birthplace Couch Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER, FATHER

12. Name William Cerutti

13. Birthplace Thayer Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Fern Worley

15. Birthplace Couch Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Cerutti

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 2/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cemetery

18. (a) Signature of funeral director Delane Carter

(b) Address Thayer, Mo.

19. (a) May 1 1947 (b) Edith Cross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1947 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from Feb 14 1947 to Feb 15 1947
that I last saw him alive on Feb 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 6 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 109
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. A. Barnes (M. D. or other)

Address Thayer, Mo. Date signed March 7-47

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

547268

5-10-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.