

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13059

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Jaeger
(b) City or town Barthage
(c) Name of hospital or institution: Rose Chaney Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about one year
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Domenico Abbiatti

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Radie Abbiatti

6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased Sept 16 1858
(Month) (Day) (Year)

8. AGE:

Years 89 Months 6 Days 23 If less than one day hr min

9. Birthplace

Branno Uzeric Italy
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired Frisco Railway

11. Industry or business

employee

12. Name

Unknown

13. Birthplace

Unknown
(City, town, or county) (State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant

Mike Abbiatti

(b) Address

Lockwood, Mo.

17. (a)

Burial (b) Date thereof Apr 11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Lockwood, Mo.

18. (a) Signature of funeral director

E. B. Caldwell

(b) Address

Lockwood, Mo.

19. (a)

4-10-1948 (b) E. B. Clinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Lockwood
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No
(Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1948 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Apr 4 to Apr 4 1948
that I last saw him alive on April 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Totus Pneumonia Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 108

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 0

23. Signature E. B. Clinton (M. D. or other)
Address Lockwood, Mo. Date signed 4/10/48

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

JUL 28 1948

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.....

George W. Newcomb, Registered Apprentice No. 30
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3380P. O. Address Lockwood

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.