

FILED FEB 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5485

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 3041		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY <u>MACON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MACON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MACON</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MACON</u>		d. STREET ADDRESS (If rural, give location) <u>1234 Mattery Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1234 Mattery Ave.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maria</u>		b. (Middle) <u>(None)</u>		c. (Last) <u>Amidie</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 23, 1872</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME <u>Nizzi</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Biondi</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Amidie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>William Amidie</u>		ADDRESS <u>1234 Mattery Ave. Macon, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chronic glomerulonephritis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Unknown</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Several months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>12/7, 1948</u> , to <u>Jan 12, 1949</u> , that I last saw the deceased alive on <u>Jan 12, 1949</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. L. Durbin, M.D.</u>		(D. M.D. or title)		23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>1/14/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 14, 1949</u>		24c. NAME OF CEMETERY OR-CREMATORY <u>St. Charles</u>		24d. LOCATION (City, town, or county) (State) <u>Bevier Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-27-49</u>		REGISTRAR'S SIGNATURE <u>W. M. Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Neely</u>		ADDRESS <u>Macon, Mo.</u>	

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 2-49-326

Date Filed FEB 16 1949

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Albert Krivier

Signed.....
Student Embalmer

Licensed Embalmer No. 757

P. O. Address Maconmo

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.