No. 300
10-48

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23965

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEXINGTON
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 19th + South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY LAFAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEXINGTON
d. STREET ADDRESS (If rural, give location) 19th + South

3. NAME OF DECEASED (Type or Print) a. (First) QUINTO b. (Middle) MARCHETTI c. (Last)

4. DATE OF DEATH (Month) 6 (Day) 16 (Year) 1949

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH 8/9/1867
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 10 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) BRUSNENGO ITALY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John MARCHETTI
13b. MOTHER'S MAIDEN NAME NOT KNOWN
14. NAME OF HUSBAND OR WIFE VIRGINIA BERETTA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN E. MARCHETTI LEX. MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Stomach — INTERVAL BETWEEN ONSET AND DEATH: Lyeno

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 151X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1949, *to* 16 June, 1949, *that I last saw the deceased alive on* June 16, 1949, *and that death occurred at* 7 P *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) B. Pagan Mo. D.
23b. ADDRESS Lexington Mo.
23c. DATE SIGNED 6/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 6/18/1949
24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK
24d. LOCATION (City, town, or county) (State) LEXINGTON, MO

DATE REC'D BY LOCAL REG. July 18/49
REGISTRAR'S SIGNATURE Minnie E. Eschbrichs
25. FUNERAL DIRECTOR'S SIGNATURE FORREST F. TEMPEL ADDRESS LEX. MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 23

District Health Officer No. 8,

District File Number _____

Date Filed 7-23-49

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.

Student _____
Student Embalmer

Signed Geo. M. Freeman

Licensed Embalmer No. 2983

P. O. Address Lexington 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, fact should be so stated above.