

FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26213

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

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 312

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>	
c. LENGTH OF STAY (in this place) <u>53 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1012 Nooney St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1012 Nooney St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vito</u>		b. (Middle) _____ c. (Last) <u>De Caneo</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21, 1949</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan. 14, 1858</u>		9. AGE (In years last birthday) <u>91</u> If under 1 year: Months <u>7</u> Days <u>7</u> If under 2 hrs: Hours <u>1</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Confectionary</u>	
11. BIRTHPLACE (State or foreign country) <u>Murro Lucano, Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>Italy</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Theresa Saracini</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Gerard Saracini - Poplar Bluff, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INFIRMITIES OF OLD AGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>UNKNOWN</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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>5 April, 1949</u> to <u>21 Aug, 1949</u> , that I last saw the deceased alive on <u>21 Aug, 1949</u> , and that death occurred at <u>4:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J.W. McPheters, Jr.</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>	
23c. DATE SIGNED <u>23 Aug 49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-23-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Batzell</u>	
DATE REC'D BY LOCAL REG. <u>Aug 23, 1949</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Poplar Bluff, Mo.</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Poplar Bluff, Mo.</u>	

849-244

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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 George A. Keefe

Licensed Embalmer No. H. 752

P. O. Address Poplar Bluff

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.