

STANDARD CERTIFICATE OF DEATH

No. 300
10-48

FILED JAN 28 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.	
c. LENGTH OF STAY (in this place) 4 Days		d. STREET ADDRESS (If rural, give location) 905 South 16th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) Vincent Punzo			4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 8, 1878		9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fruit Man	
11. BIRTHPLACE (State or foreign country) Palerino Sicily		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Ferdinand Punzo		13b. MOTHER'S MAIDEN NAME Mary Rose Constanine		14. NAME OF DECEASED OR WIFE Augusta (Desease)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-09-0784		17. INFORMANT'S SIGNATURE OR NAME Miss Mary Punzo ADDRESS 905 South 16th St.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

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) m.		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 1-19, 1950, to 1-23, 1950, that I last saw the deceased alive on 1-23, 1950, and that death occurred at 8:00 A., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. J. ...		23b. ADDRESS St. Joseph Mo. Doctor Bldg.		23c. DATE SIGNED 1-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 25, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		DATE REC'D BY LOCAL REG. Jan 25, 1950		REGISTRAR'S SIGNATURE E. G. Jenkins	
25. FUNERAL DIRECTOR'S SIGNATURE Herman ...		ADDRESS 1802 Union St			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Emmanuel Thomas*

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph, 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.