

FILED FEB 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 557

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 720

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Sangmon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 2015 N. 17th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCleary Clinic			

3. NAME OF DECEASED (Type or Print) a. (First) Victor b. (Middle) _____ c. (Last) Viele			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) Widower	8. DATE OF BIRTH Aug. 25, 1904	9. AGE (In years last birthday) 45	10. IF UNDER 1 YEAR Months 4 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator		10b. KIND OF BUSINESS OR INDUSTRY Tavern Operator		11. BIRTHPLACE (State or foreign country) Italy	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Loreto Viele		13b. MOTHER'S MAIDEN NAME Josephine Bliabe		14. NAME OF HUSBAND OR WIFE Susan Antnocci	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Italia Ridolfi, 2000 N. 8th, Sprfld. Ill			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tremor			INTERVAL BETWEEN ONSET AND DEATH 3220
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Nephritis, cirrhosis of liver			
		DUE TO (c) Acute Alcoholism			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Hemorrhage of Colon			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (Min)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. J. Patz M.D. Coroner	23b. ADDRESS North Kansas City, Mo.	23c. DATE SIGNED 1/24/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-24-50	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Unknown
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DATE REC'D BY LOCAL REG. 1/24/50	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Claude Richert, Excelsior Springs, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 3

District Health Officer No. 8,

District File Number _____

Date Filed 2-14-50

FEB 17 1950

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 Lindell F. Jaman

Licensed Embalmer No. 4589

P. O. Address Embair Spring, 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.