

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13618**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **28**

542

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

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Lexington</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lexington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2102 Main St.</b>		d. STREET ADDRESS (If rural, give location) <b>2102 Main St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUIS</b>		b. (Middle) <b>D.</b>	
c. (Last) <b>MARCHETTI</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 31, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 3, 1869</b>
9. AGE (In years last birthday) <b>80</b>		10. MONTHS <b>5</b>	11. DAYS <b>29</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal Mining</b>	11. BIRTHPLACE (State or foreign country) <b>Italy</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>John Marchetti</b>	
14. MOTHER'S MAIDEN NAME <b>Not Known</b>		15. NAME OF HUSBAND OR WIFE <b>Secondina Delacqua</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>not known</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John L. Marchetti</b>		ADDRESS <b>Lexington, Mo.</b>	
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) <b>Arterio-sclerotic heart disease</b>  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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>4200</b>	
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 <b>22 April 1950</b> to <b>31 March, 1950</b> , that I last saw the deceased alive on <b>31 March, 1950</b> , and that death occurred at <b>10:20 A.M.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Lexington, Mo.</b>	23c. DATE SIGNED <b>8/31/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>4/3/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Lexington, Mo.</b>
DATE REC'D BY LOCAL REG. <b>April 1950</b>	REGISTRAR'S SIGNATURE: <b>[Signature]</b>	FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>[Address]</b>	

RECEIVED

District Health Officer No. 8,

APR 10

Ward

District File Number \_\_\_\_\_

Date Filed 4-20-50

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. McKear

Licensed Embalmer No. 2983

P. O. Address Delrayton, 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.