

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20887

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4310 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Devier		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Devier	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Alex b. (Middle) J c. (Last) Chiarotino		4. DATE OF DEATH (Month) (Day) (Year) 6-4--50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 4-2-74
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Miner	11. BIRTHPLACE (State or foreign country) Italy
10b. KIND OF BUSINESS OR INDUSTRY Mining (Coal)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Chiarotino		13b. MOTHER'S MAIDEN NAME Louise Formento	
14. NAME OF HUSBAND OR WIFE Lucia Chiarotino		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 Joe Chiarotino	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS Bevier, Mo.	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		MEDICAL CERTIFICATION Competitive Myocardial failure Cardiovascular disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 67 months 30 more years 4221	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 6/1, 1950 to 6/4, 1950 that I last saw the deceased alive on 6/4, 1950 and that death occurred at 10a. m., from the causes and on the date stated above.	
23a. SIGNATURE J. G. Gouvey, M.D.		23b. ADDRESS Macon MO	
23c. DATE SIGNED 6-9-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6-7-50		24c. NAME OF CEMETERY OR CREMATORY St. Charles Cemetery	
24d. LOCATION (City, town, or county) (State) Bevier Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Josephine King	
DATE REC'D BY LOCAL REG. 6-19-50		ADDRESS Bevier, Mo.	

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

0610

RECEIVED 6.26.50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 7.50.129  
Date Filed 7.3.50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*H. S. Edwards*

Signed.....

Student Embalmer

Licensed Embalmer No. 1961

P. O. Address Bevier Missouri

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.