S. No. 300
v. 10.48

FILED AUG 16 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26203

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 260

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hosp #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Huntsville 0880
d. STREET ADDRESS (If rural, give location): Pleasant View Home

3. NAME OF DECEASED (Type or Print)
a. (First): Gabriel
b. (Middle):
c. (Last): Ricci

4. DATE OF DEATH (Month) 7 (Day) 31 (Year) 50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DK
8. DATE OF BIRTH: 6-18-1883
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 1, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal
11. BIRTHPLACE (State or foreign country): Italy 5
12. CITIZEN OF WHAT COUNTRY?: Italy

13a. FATHER'S NAME: John Ricci
13b. MOTHER'S MAIDEN NAME: Edna Lapona
14. NAME OF HUSBAND OR WIFE: DK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): DK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: DDK
17. INFORMANT'S SIGNATURE OR NAME: Hosp. Record — ADDRESS: Fulton Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-5, 1950, *to* 7-31, 1950, *that I last saw the deceased alive on* 7-31, 1950, *and that death occurred at* 10 45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm. J. Cremer (Degree or title): MD
23b. ADDRESS: State Hosp. Fulton Mo
23c. DATE SIGNED: 7-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/9/1950
24c. NAME OF CEMETERY OR CREMATORY: Anatomical Board
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: Aug 10-1950
REGISTRAR'S SIGNATURE: Maretta Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE: Maurice Funeral Home — ADDRESS: Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 13 1950
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 Walter J. Hairston, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, Mo.

Signed _____
Student Embalmer

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.