

FILED NOV 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33192
Registrar's No. 82

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4310

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bever</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bever</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs.</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Domenis</u> b. (Middle) _____ c. (Last) <u>Ronchetto</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 17-1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 30-1880</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Days <u>4</u> Hours <u>17</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stamper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Printing</u>		11. BIRTHPLACE (State or foreign country) <u>Chiesanova, Italy</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Ronchetto</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Formento</u>	
14. NAME OF HUSBAND OR WIFE <u>Marie Ronchetto</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Matthew Ronchetto</u>		ADDRESS <u>R4 Macon Mo</u>			

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignancy Right Kidney</u>		II. OTHER SIGNIFICANT CONDITIONS <u>180X</u>			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
				DUE TO (c) _____	

19a. DATE OF OPERATION <u>yes</u>		19b. MAJOR FINDINGS OF OPERATION <u>Osteopathic Hosp. Kirksville, Mo. Findings not definitely known here</u>		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) _____		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 October, 1949, to 17 Aug, 1950, that I last saw the deceased alive on 15 Aug, 1950, and that death occurred at 3:15P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald E. Eggleston, MD</u> (Degree or title)		23b. ADDRESS <u>Macon, Missouri</u>		23c. DATE SIGNED <u>23 Aug 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 21-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Charles Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bever Mo</u>		DATE REC'D BY LOCAL REG. <u>10-24-50</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H G Edwards</u>		ADDRESS <u>Bever Mo</u>			

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

NOV 1 1951

RECEIVED 10.31.50
MACON COUNTY HEALTH DEPARTMENT
County File No. 10.30.199
Date Filed 10.31.50

Date Received: OCT 31 1951
DISTRICT HEALTH OFFICE #2
District File Number
Date Filed:

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 *J. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Brewer 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.