

FILED NOV 6 1950

STANDARD CERTIFICATE OF DEATH

34365

State File No.

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5947 Registrar's No. 50

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rosati</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rosati</u> | |
| c. LENGTH OF STAY (In this place) <u>45yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>0810</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home (Rosati, Mo.)</u> | | | |

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|--|-------------------------------|--|--|---|---------------------------------------|---|-------------------------------------|-------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>M.</u> c. (Last) <u>Cardetti</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-17-50</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>Aug. 9, 1880</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>-</u> | IF UNDER 1 YEAR Days <u>-</u> | IF UNDER 1 HR. Hours <u>-</u> | IF UNDER 1 MIN. Min. <u>-</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Store</u> | | 11. BIRTHPLACE (State or foreign country) <u>Italy</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | |

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|--|--|---|--|--|--|---------|--|
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Cardetti</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Cardetti Rosati Mo.</u> | | ADDRESS | |

| | | | | | | | |
|--|--|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> | | ANTECEDENT CAUSES | | | | <u>3 mo</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | Morbidity 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. | | | | <u>151X</u> | |

| | | | | | |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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 July 15, 1950, to 10-17, 1950, that I last saw the deceased alive on 10-17, 1950 and that death occurred at 6:30 a.m., from the causes and on the date stated above.

| | | | | | |
|---|--|------------------------------------|--|-------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Dr. Stuebel M.D.</u> | | 23b. ADDRESS <u>St James Mo</u> | | 23c. DATE SIGNED <u>10-23-50</u> | |
|---|--|------------------------------------|--|-------------------------------------|--|

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|--|--|------------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10-20-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Stanthony Cemetery Rosati</u> | | 24d. LOCATION (City, town, or county) (State) <u>MO</u> | |
|--|--|------------------------------|--|--|--|--|--|

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|--|--|--|--|---------|--|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Oct. 26, 1950</u> <u>Cora Birmingham</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Leckliber St James Mo</u> | | ADDRESS | |
|--|--|--|--|---------|--|

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

NOV 16 1951

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 10/30/50

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 _____

Jake Nelson

Student Embalmer No. 386

working under my personal supervision.

Jake Nelson
Student Embalmer

Student _____
Student Embalmer

Signed *O E Licklider*

Licensed Embalmer No. 3544

P. O. Address St James 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.