

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41441

0612
0

BIRTH NO. _____ REG. DIST. NO. 700 PRIMARY REG. DIST. NO. 3041 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bever Mo Rural</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Battista</u> b. (Middle) _____ c. (Last) <u>Ricino</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 15 50</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>8-6-81</u>
9. AGE (in years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Coal Miner</u>	11. BIRTHPLACE (State or foreign country) <u>Italy</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mining</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Master Ricino</u>		13b. MOTHER'S MAIDEN NAME <u>Madalena Maniglia</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Larry Ricino</u>		ADDRESS <u>Bever Mo</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Neuroshy</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> 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. <u>3 B1X</u>	
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 <u>12/13</u> , 19 <u>50</u> , to <u>12/15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/14</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Brewardville Mo</u> (Degree or title) _____		23b. ADDRESS <u>Macon</u>	
23c. DATE SIGNED <u>12/19/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-19-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles</u>		24d. LOCATION (City, town, or county) (State) <u>Bever Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/26/50</u>		REGISTRAR'S SIGNATURE <u>Puth McNeely 185</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwards</u>		ADDRESS <u>Bever Mo</u>	

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

RECEIVED 1/2/51
MACON COUNTY HEALTH DEPARTMENT
County File No. 1-51-347
Date Filed 1/2/51

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

A. G. Edwards

Signed.....
Student Embalmer

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.