

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 13118

542

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> <u>0542</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>120 North 10th St.</u>		d. STREET ADDRESS (If rural, give location) <u>120 North 10th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MADDA LENA</u>		b. (Middle) <u>CLERICO</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 28, 1866</u>
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>5</u>	11. DAYS <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	
11. BIRTHPLACE (State or foreign country) <u>Brasnengo, Italy.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Paul Oliaro</u>		13b. MOTHER'S MAIDEN NAME <u>Joann Oliaro</u>	
14. NAME OF HUSBAND OR WIFE <u>Peter Clerico</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>Paul Clerico, Lexington, Missouri.</u>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic heart disease</u> <u>C congestive failure</u> ANTECEDENT CAUSES 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</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) (m.)		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>April 7, 1950</u> , to <u>April 4, 1951</u> , that I last saw the deceased alive on <u>April 4, 1951</u> , and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John Ward</u>		23b. ADDRESS <u>1913 Frankel Ave Lexington, Mo.</u>	
23c. DATE SIGNED <u>April 15, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 6, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>April 19, 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Sauter</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. E. Sauter</u>		ADDRESS <u>15th Street, Lexington, Missouri.</u>	

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

RECEIVED 4-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-23-51

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 _____

L. M. Keen

Signed.....

Student Embalmer

Licensed Embalmer No. 2983

P. O. Address *Belington, 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.