

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27510

0542

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

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. LENGTH OF STAY (in this place) 40 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		0542
d. FULL NAME OF HOSPITAL OR INSTITUTION 317 South 9th St.			d. STREET ADDRESS (If rural, give location) 317 South 9th St.		

3. NAME OF DECEASED (Type or Print) a. (First) JOE b. (Middle) SIMONETTI c. (Last) SIMONETTI			4. DATE OF DEATH (Month) (Day) (Year) August 27, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 16, 1888		9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months 10 Days 12 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (State or foreign country) Borghomero, Italy		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Berto Simonetti	13b. MOTHER'S MAIDEN NAME Mora Antonia		14. NAME OF HUSBAND OR WIFE Virginia Romersa		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Adam Simometti, Lexington, Missouri			
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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) Coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH 17 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Partial paralysis of lower extremities				
	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 4/201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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)	
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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?		
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22. I hereby certify that I attended the deceased from During **1934** to Aug. 27, 1951, that I last saw the deceased alive on Aug. 27, 1951, and that death occurred at 10:15 PM from the causes and on the date stated above.

23a. SIGNATURE Ben H. Biashu		23b. ADDRESS M.D. Lexington, Mo.	23c. DATE SIGNED 9/1/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 30, 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Lexington, Missouri	
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DATE REC'D BY LOCAL REG. Sept. 8, 1951	REGISTRAR'S SIGNATURE M. Eastbrooks		FUNERAL DIRECTOR'S SIGNATURE ADDRESS James F. Tempel, Lexington, Missouri		
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RECEIVED

9-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-12-51

NOV 26 1951

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 _____

Norman Johnson

working under my personal supervision.

Student Embalmer No. 427

Signed

Geo. McKean

Signed *Norman W. Johnson*
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address *Livington, 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.