

No. 300
10. 48

FILED OCT 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29347
3-63

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 363

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY KNOX	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EDINA	
c. LENGTH OF STAY (in this place) 4 DAYS		d. STREET ADDRESS (If rural, give location) SHELTON TOWNSHIP RR # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION GRIMM SMITH MEMORIAL			

3. NAME OF DECEASED a. (First) VICENT b. (Middle) NONE c. (Last) GENOVESE			4. DATE OF DEATH (Month) (Day) (Year) 9 29 1951		
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5. SEX M W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 3-3-1870		9. AGE (In years last birthday) 81		If UNDER 1 YEAR: Months Days		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) MINER				10b. KIND OF BUSINESS OR INDUSTRY COAL MINE				11. BIRTHPLACE (State or foreign country) PALAZZO ADRIANO SICILY				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME MAURICE GENOVESE				13b. MOTHER'S MAIDEN NAME JOSEPHINE UNKNOWN				14. NAME OF HUSBAND OR WIFE FELICIA RIGGIO			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO				16. SOCIAL SECURITY NO. 999-001826				17. INFORMANT'S SIGNATURE OR NAME J. J. Eddy ADDRESS Edina, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA		INTERVAL BETWEEN ONSET AND DEATH 3 wks									
*This does not mean the mode of dying, such as heart failure, asphyxia, 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) CARDIOVASCULAR DISEASE SP. 4 YRS 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 442X								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				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 **9-25-1951**, to **9-29-1951** that I last saw the deceased alive on **9-29-1951**, and that death occurred at **1:25A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George E. Grimm M.D.				23b. ADDRESS KIRKSVILLE, MO.				23c. DATE SIGNED 9/29/51			
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9-29-1951		24c. NAME OF CEMETERY OR CREMATORY ST. ANDREWS				24d. LOCATION (City, town, or county) (State) MURPHYSBORO, ILLINOIS			
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DATE REC'D BY LOCAL REG. 9-29-51		REGISTRAR'S SIGNATURE Kate Lambert				25. FUNERAL DIRECTOR'S SIGNATURE J. B. Kelly & Sons ADDRESS Edina, Mo.			
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(Licensed Embalmer's Statement on Reverse Side)

EDINA MO

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

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1957 OCT 2 1957

Date Received: OCT 2 1957
DISTRICT HEALTH OFFICE #2
District File Number 10-54-1753
Date Filed: OCT 2 1957

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 Richard B. Kelly

Licensed Embalmer No. 4498

P. O. Address Edina, 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.