

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5734

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	
c. LENGTH OF STAY (in this place) 1/21/52		d. STREET ADDRESS (If rural, give location) 2415 Chestnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Nicholas b. (Middle) Caruso c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) February 3, 1952		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 10, 1904	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 9 Days 24	IF UNDER 24 HRS. Hours Min.
-----------------------	----------------------------------	--	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) International Shoe		10b. KIND OF BUSINESS OR INDUSTRY International Shoe		11. BIRTHPLACE (State or foreign country) Hannibal Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
--	--	--	--	---	--	--	--

13a. FATHER'S NAME Anthony Caruso		13b. MOTHER'S MAIDEN NAME Minnie		14. NAME OF HUSBAND OR WIFE Ila Edwards Caruso	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-28-0890		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nicholas Caruso		ADDRESS Hannibal Missouri	
---	--	---	--	--	--	-------------------------------------	--

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* bronchial pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hemorrhage from aortic aneurysm DUE TO (c) esophageal varices II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days	
---	--	--	--	--	--	---	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4621				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) (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 11-12 ¹⁹⁵¹ to 2-3, 1952, that I last saw the deceased alive on 2-3, 1952, and that death occurred at 11:05 ^{p.} m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. J. Murphy, M.D.		23b. ADDRESS HANNIBAL-MISSOURI		23c. DATE SIGNED 2-5-52	
---	--	--	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/6/1952		24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park		24d. LOCATION (City, town, or county) (State) Hannibal Missouri	
--	--	------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. 2-12-52		REGISTRAR'S SIGNATURE Dr. E.M. Lucke		FUNERAL DIRECTOR'S SIGNATURE W.C. Fisher		ADDRESS Hannibal Missouri	
--	--	--	--	--	--	-------------------------------------	--

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

RECEIVED FEB 15 1952
MISSOURI HEALTH DEPT.
DATE FILED FEB 15 1952

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 *W. Crawford Smith* _____

Licensed Embalmer No. 3814

P. O. Address Hannibal 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.