

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

20934

State File No. _____

JUN 27 1952

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>3029</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City</u> <u>0501</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>206 Olive, Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ciro</u>		b. (Middle) _____		c. (Last) <u>Albano</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>11</u>		(Year) <u>52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 8, 1881</u>		9. AGE (In years last birthday) <u>70</u> <u>6</u> <u>3</u> <u>Days</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glass-Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>P.P. G. Co.</u>		11. BIRTHPLACE (City, and State or Foreign Country) <u>Ponza, Italy</u> <u>5</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Anthony Albano</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Dalri</u>		14. NAME OF HUSBAND OR WIFE <u>Maria Candida</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Johnnie Albano Crystal City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		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>June 9</u> , 19 <u>52</u> , to <u>June 11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>June 11</u> , 19 <u>52</u> , and that death occurred at <u>12:21 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Devan Baegor, M.D.</u> (Degree or title)				23b. ADDRESS <u>Festa, Mo</u>		23c. DATE SIGNED <u>6/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 10, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ponza Italy</u>		24d. LOCATION (City, town, or county) <u>Ponza Italy</u>	
DATE REC'D BY LOCAL REG. <u>6-13-52</u>		REGISTRAR'S SIGNATURE <u>Kenley R. Politt</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Antony R. Politt</u>		ADDRESS <u>Crystal City, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED JUN 21 1952
MAR 4 1953
VS APR 6 1960

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

Quincy R. Polittle

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.