

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34026

State File No.

1952 OCT 14

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6230</u>		Registrar's No. <u>160</u>	
1. PLACE OF DEATH a. COUNTY <u>VERNON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL-METZ TWP.</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 YEARS.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL-METZ TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>3 MI. S.W. METZ. 1080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 MI. S.W. METZ.</u>				d. STREET ADDRESS (If rural, give location) <u>3 MI. S.W. METZ. 1080</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>MARKELLO</u> c. (Last) <u>MARKELLO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER-3-1952.</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED.</u>	8. DATE OF BIRTH <u>JANUARY-13-1866</u>	9. AGE (In years) (last birthday) <u>86</u>	if UNDER 1 YEAR Months <u>8</u> Days <u>26</u>	if UNDER 2 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COAL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>TERENE ITALY 3</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH MARKELLO</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN.</u>		14. NAME OF HUSBAND OR WIFE <u>CATHERINE MARKELLO.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N/A</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lona Charles Metz, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Long standing heart disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>chronic myocardial infarction</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL/BETWEEN ONSET AND DEATH <u>10/1/52</u> <u>140?</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) <u>4222</u>			
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>10/3/52</u> to <u>10/3/52</u> , that I last saw the deceased alive on <u>10/2/52</u> , 19 <u>52</u> , and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>[Date]</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT-6-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST BRIDGETS CATHOLIC CEM</u>		24d. LOCATION (City, town, or county) (State) <u>RICH HILL, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>10-8-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Booth Funeral Serv. Rich Hill, Mo.</u>			

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

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1

**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

*Robert G. Steinbeck*

Licensed Embalmer No. 4657

P. O. Address Butler, 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.