

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3035 Registrar's No. 119

542  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lexington</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lexington</b>	
c. LENGTH OF STAY (If this place) <b>5 1/2 hours</b>		d. STREET ADDRESS (If rural, give location) <b>1824 South St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1811 South St.</b>		d. STREET ADDRESS (If rural, give location) <b>1824 South St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>EMIL</b> c. (Last) <b>MARCHETTI</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 11, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 5, 1901</b>
9. AGE (In years last birthday) <b>51</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Electric Store</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant, Chetties</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Centerville, Iowa</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Quinto Marchetti</b>	
13b. MOTHER'S MAIDEN NAME <b>Virginia Beratta</b>		14. NAME OF HUSBAND OR WIFE <b>Norma Biggs</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Not known</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Norma Marchetti, Lexington, Mo.</b>		ADDRESS <b>Lexington, Mo.</b>	
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Embolus Myocard</b> ANTECEDENT CAUSES <b>farious</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c) <b>Myocard infarction</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
19c. INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>		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 <b>1939</b> , 19____, to <b>Dec 11</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Dec 11</b> , 19 <b>52</b> , and that death occurred at <b>5:40 Pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>R. J. Taylor M.D.</b>		23b. ADDRESS <b>Lexington, Mo</b>	
23c. DATE SIGNED <b>31 Dec 1952</b>		23d. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
23e. LOCATION (City, town, or county) (State) <b>Lexington, Missouri</b>		23f. DATE REC'D BY LOCAL REG. <b>31 Dec 1952</b>	
23g. REGISTRAR'S SIGNATURE <b>Wm. S. Eastbrook</b>		23h. FUNERAL DIRECTOR'S SIGNATURE <b>Samuel F. Temple, Lexington, Missouri</b>	
23i. ADDRESS		23j. ADDRESS	

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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 \_\_\_\_\_

Licensed Embalmer No. 2983

P. O. Address Leighton, Tennessee

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.