

FILED JAN 5 1953

THE DIVISION OF HEALTH OF MASSACHUSETTS  
STANDARD CERTIFICATE OF DEATH

State File No. 42795

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>3111</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Macon		b. CITY (If outside corporate limits, write RURAL and give township) Macon		c. LENGTH OF STAY (In this place) 2 Days		d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hospital	
a. STATE Mass.		b. COUNTY		c. CITY (If outside corporate limits, write RURAL and give township) 65 Grove St.		8200	
d. STREET ADDRESS Belmont		(If rural, give location)		8			
3. NAME OF DECEASED (Type or Print)		a. (First) ROBERT		b. (Middle) N		c. (Last) DE AGAZIO	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
December		30		1952			
5. SEX Male		6. COLOR OR RACE "hite"		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 6, 1932	
9. AGE (In years; last birthday) 20		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Air Force		11. BIRTHPLACE (City and State or Foreign Country) Cambridge, Mass.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert B. DeAgazio		13b. MOTHER'S MAIDEN NAME Mary Grace Carelli		14. NAME OF HUSBAND OR WIFE -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anthony R. DeAgazio, Belmont, Mass.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Traumatic separation				2 day	
ANTECEDENT CAUSES		spinal cord					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Fracture 6th cervical vertebra				2 days	
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 36		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MACON MACON MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 28 5:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car turned over			
22. I hereby certify that I attended the deceased from Dec 28, 1952, to Dec 30, 1952, that I last saw the deceased alive on Dec 30, 1952, and that death occurred at 3:42 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. M. McNeely, M.D.				23b. ADDRESS Macon Mo		23c. DATE SIGNED 12.30.52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-30-52		24c. NAME OF CEMETERY OR CREMATORY Kansas City, Mo.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG 12/30/52		REGISTRAR'S SIGNATURE J. M. McNeely 185		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine-McClure Funeral Home, K.C. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48  
661  
0  
100509-1

1981 9/14/81

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 Warren T. Abbott

Licensed Embalmer No. 4005

P. O. Address Maersk 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.