No. 300
10.48

FILED MAY 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18757

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 52

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

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tywappity Township
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Highway 60 4¼ mi west Charleston, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Florida
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pensacola 8090
d. STREET ADDRESS (If rural, give location): 1107 E. DeSoto St 8

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Carmine
c. (Last): Mastriano

4. DATE OF DEATH (Month) (Day) (Year): April 24, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 2/22/ 1899
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Store.
10b. KIND OF BUSINESS OR INDUSTRY: Liquor
11. BIRTHPLACE (State or foreign country): New York, N. Y 1
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Louis Mastriano
13b. MOTHER'S MAIDEN NAME: Angelina Berda
14. NAME OF HUSBAND OR WIFE: Minnie Mastriano

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 263 14 1255
17. INFORMANT'S SIGNATURE OR NAME: Minnie Mastriano — ADDRESS: 1107 E. DeSoto St. Pensacola, Fla.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture & chest injuries

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Auto & Truck Collision.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: INSTANTLY

E8161
26

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
067
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): US Hy 60 West of Charleston, Mississippi County, Missouri
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-24-53 8 AM m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Auto-Truck Crash on Highway 60

22. *I hereby certify that I attended the deceased from* No Medical attendance. *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 8 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Travis Shelby, Coroner 3
23b. ADDRESS: East Prairie
23c. DATE SIGNED: 4-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal&Burial
24b. DATE: 4.28.53.
24c. NAME OF CEMETERY OR CREMATORY: Holy Cross Ceme.
24d. LOCATION (City, town, or county) (State): Pensacola, Fla.

DATE REC'D BY LOCAL REG.: 5-14-53
REGISTRAR'S SIGNATURE: Jean Fancher 480-0
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] — ADDRESS: NUNNELEE FUNERAL CHAPEL, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miss. Co. Health Dept
County File No._____
Date Filed ~~MAY 1 5 1950~~

MAY 14 REC'D

JAN 13 1956

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 Edward E. Dunnelu
Licensed Embalmer No. 4164
P. O. Address Charleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.