

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27804

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>976</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1601 So. 10th St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>SIGNORINO</u>		b. (Middle) <u>Sam</u>	c. (Last) <u>LIMA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 29, 1953</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>1884</u> <u>Sept. 17, 1888</u>	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fruit Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fruit Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Lorenzo Lima</u>		13b. MOTHER'S MAIDEN NAME <u>Cornela Castagna</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline Lima</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-34-2275</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pauline Lima, 1601 So. 10th St., City</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 or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</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>Arterio Sclerosis</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>4 wks.</u> <u>?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. RESIDENT 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>Aug 1</u> , 19 <u>53</u> , to <u>Aug 29</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug 29</u> , 19 <u>53</u> , and that death occurred at <u>12:05P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>M. Allman M.D.</u>		23b. ADDRESS <u>Phys & Surg Bldg., City</u>		23c. DATE SIGNED <u>8-31-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept 9, 1953</u>	REGISTRAR'S SIGNATURE <u>Eather M. Allison</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Victor L. Barry</u>		ADDRESS <u>ST. JOSEPH</u>

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

OCT 20 1955

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 *Victor J. Barry*

Licensed Embalmer No. *4212*

P. O. Address *St Joseph 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. }
County of Buch. } ss.

State File No. 27804153
Local Registrar's No. 976

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 5th day of April, 1954, before me appears Carmella Montegna, who, upon her oath, states that the original record of death for Signorino Lima died August 29, 1953, in the State of Missouri, and which was filed at St. Joseph on Sept. 9, 1953, should be corrected as follows:

Item No. _____ should read _____

Instead of _____

Item No. 3 should read Sam Lima

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. 8 should read Sept. 17, 1884

Instead of _____

Item No. 9 should read 68

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

*The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Carmella Montegna Daughter
Relationship Daughter

1601 So. 10th St. St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 5th day of April, 1954.

My Commission expires Nov. 3, 1956

Irving P. Balvax Notary Public.

