

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29518

State File No. ....

FILED SEP 14 1953

BIRTH NO. .... REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5919 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY OR TOWN <b>Rural Saline Township</b>		c. CITY OR TOWN <b>Rural Saline Township</b>	
c. LENGTH OF STAY (In this place) <b>50 Years</b>		d. STREET ADDRESS (If rural, give location) <b>Perryville, R.I. Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perryville, R.I. Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lydia</b> b. (Middle) <b>Belle</b> c. (Last) <b>Difani</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 26, 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>October 4, 1869</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Perry County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Leo Manning</b>	13b. MOTHER'S MAIDEN NAME <b>Lydia McClennahan</b>	14. NAME OF HUSBAND OR WIFE <b>C.F. Difani</b>
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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>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Claude Difani, Perryville, Mo. R.I.</b>	ADDRESS
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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, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac decompensation</b> DUE TO (c) <b>arteriosclerosis Heart disease</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized arteriosclerosis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1951, to Aug 26, 1953, that I last saw the deceased alive on Aug 25, 1953, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

23. SIGNATURE (Name or title) <b>Joseph F. Lutkenstow MD</b>	23b. ADDRESS <b>St Marys</b>	23c. DATE SIGNED <b>NO Aug 27 53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>August 29, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Marys, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-28-53</b>	REGISTRAR'S SIGNATURE <b>Joe J. Zoellner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Bey</b>	ADDRESS <b>Perryville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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,

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Albert Bey*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3866*

P. O. Address *Perryville, 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.