

FILED NOV 2 - 1953

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36642

95

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri.		b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give town) Neosho		c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN Goodman	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sales Memorial Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
e. STREET ADDRESS (If rural, give location) Rural 4 miles west of Goodman		0600			

3. NAME OF DECEASED a. (First) Rosalie			b. (Middle) (none)			c. (Last) Nicoletti			4. DATE OF DEATH (Month) (Day) (Year) October 7-1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 5, 1872		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 0 Days 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Housekeeping				11. BIRTHPLACE (City and State or Foreign Country) Sestola, Italy		12. CITIZEN OF WHAT COUNTRY? U.S. A.	

13a. FATHER'S NAME Achille Galli			13b. MOTHER'S MAIDEN NAME Carolina Pigati			14. NAME OF HUSBAND OR WIFE Nat Nicoletti					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Nat Nicoletti			ADDRESS Goodman, Missouri.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. CHR NEPHRITIS						1 MONTH	
DUE TO (b)		DIABETES MELLITUS						1 YEAR	
DUE TO (c)									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								6 mo	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592X						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 7 Oct 1953, 1948, to 7 Oct, 1953, that I last saw the deceased alive on 7 Oct, 1953, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE M J Taylor		(Degree or title) M D		23b. ADDRESS Neosho Mo		23c. DATE SIGNED 21 Oct 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 9-1953		24c. NAME OF CEMETERY OR CREMATORY Banner Nazarene Cem.		24d. LOCATION (City, town, or county) (State) 4 miles west of Goodman, Mo	
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DATE REC'D BY LOCAL REG. 10-23-53		REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE Paul Papp		ADDRESS Papineau Funeral Home Goodman, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 1053-198

Date Filed OCT 30 1933

NEOSHO, MISSOURI

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 _____
Signature of Student Embalmer

Signed Carl Papp _____

Licensed Embalmer No. 345-8

P. O. Address Andersons...

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.