

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4186**

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <i>Calloway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Shelby</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Fulton</i>		c. CITY OR TOWN <i>Rosatti</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <i>59 Am; 29d</i>		e. STREET ADDRESS (If rural, give location) <i>Unknown</i> 0810 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital No 1</i>			

3. NAME OF DECEASED (Type or Print) <i>TARESA</i>		a. (First)	b. (Middle)	c. (Last) <i>Piazza</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 19 1954</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>March 1871</i> <i>14 Feb 1954</i>	9. AGE (In years last birthday) <i>82</i>	IF UNDER 1 YEAR Months <i>11</i>	IF UNDER 24 HRS. Days <i>5</i>	Hours <i>5</i>	Min. <i>5</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Keeping</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>			

13a. FATHER'S NAME <i>Pittwell</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Tieni</i>		14. NAME OF HUSBAND OR WIFE <i>Unknown</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>State Hosp Records Fulton Mo</i>		ADDRESS	

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) <i>Senile Psychosis</i>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <i>Inanition due to insufficient food</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>304x</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 *20 April, 1948, to 19 Feb, 1954*, that I last saw the deceased alive on *19 Feb, 1954* and that death occurred at *9:10 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Jane R Hunter (GSA) M.D.</i>		(Degree or title)		23b. ADDRESS <i>Fulton, Mo</i>		23c. DATE SIGNED <i>19 Feb 1954</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>Feb 23/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>ST ANTHONY'S</i>		24d. LOCATION (City, town, or county) (State) <i>Rosatti Mo</i>			
DATE REC'D BY LOCAL REG. <i>Feb 20-1954</i>		REGISTRAR'S SIGNATURE <i>Martina Lawrence</i>		4260		25 FUNERAL DIRECTOR'S SIGNATURE <i>Maurine F D.</i>		ADDRESS <i>Fulton Mo</i>	

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

APR 12 1954

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.....
Nancy de Stewart

Licensed Embalmer No. 3722

P. O. Address *Fulton, Pa.*

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.