No. 300
30.48

850
0

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9681

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville
c. LENGTH OF STAY (in this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Waynesville General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Dixon
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 0850

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Antonia
c. (Last): Mazza

4. DATE OF DEATH (Month): 3 (Day): 27 (Year): 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/2/1873
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months: 1 Days: 25 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Restaurant Owner
10b. KIND OF BUSINESS OR INDUSTRY: O wn Business
11. BIRTHPLACE (City and State or Foreign Country): Gurrp, Italy 5
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Marie Mazza

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mr. Victor Mazza, Dixon, Missouri

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) pulmpnary oedema — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) chronic myocarditis — 12 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Intertrohhanteric fracture of femur. — 19 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222F
20. AUTOPSY? YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 8, *19* 54, *to* March 27 *19* 54 *that I last saw the deceased alive on* Mar 27, *19* 54, *and that death occurred at* 11:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) D.O.
23b. ADDRESS: Dixon, Mo.
23c. DATE SIGNED: 3-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/30/1954
24c. NAME OF CEMETERY OR CREMATORY: Dixon Cemetery
24d. LOCATION (City, town, or county) (State): Dixon, Missouri

DATE REC'D BY LOCAL REG.: 3-30-54
REGISTRAR'S SIGNATURE: Paula Jane Anderson
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Fred H. Gilbert, Dixon, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-30-54
Pulaski County Health Officer
File Number
Date Filed 4-3-54

APR

APR

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by 3/27-54, Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed Fred H. Gillen

Licensed Embalmer No. 2341

P. O. Address Dixon, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.