

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17769**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>183</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>8 das</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novinger</u>		0010		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K. O. H.</u>				d. STREET ADDRESS (If rural, give location) <u>Novinger,</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) _____ c. (Last) <u>Baiotto</u>			4. DATE OF DEATH <u>June 25, 1954</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 30, 1871</u>		
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Berda, Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Anthony Crosetto</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine</u>		14. NAME OF HUSBAND OR WIFE <u>Paul Baiotto</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marion Baiotto, Kirksville, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</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>Sliph of fracturehip</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>arteriosclerosis several years.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>2 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9037</u> <u>44</u>					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) <u>June 12 1954 9pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell on floor in convalescent home.</u> 001				
22. I hereby certify that I attended the deceased from <u>1952</u> 19____, to <u>June 26, 1954</u> , that I last saw the deceased alive on <u>June 25, 1954</u> , and that death occurred at <u>8am.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>M. H. Hutenshew D.O.</u>				23b. ADDRESS <u>Kirksville Mo</u>		23c. DATE SIGNED <u>6-25-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/28/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Novinger</u>		24d. LOCATION (City, town, or county) (State) <u>Novinger, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-29-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		FUNDAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Kirksville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 1954
SEP 9 1954

AUG 12 1954

MAR 9 1955

JUL 1 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.

Signed George W. Davolt

Signed
Student Embalmer

Licensed Embalmer No. 4799

P. O. Address Kirksville, Md

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.