

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 30 1954

No. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chicago	
c. LENGTH OF STAY (In this place) 6 days		d. STREET ADDRESS (If rural, give location) 2622 Wentworth	
d. FULL NAME OF HOSPITAL OR INSTITUTION Elms Hotel			

3. NAME OF DECEASED (Type or Print) a. (First) ANTONIO b. (Middle) BERTUCCI c. (Last) BERTUCCI			4. DATE OF DEATH (Month) (Day) (Year) Aug 21 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 18-1889	9. AGE (In years last birthday) 65	10. UNDER 1 YEAR (Months) 7	11. UNDER 18 HRS. (Days) 3	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		10b. KIND OF BUSINESS OR INDUSTRY #####		11. BIRTHPLACE (State or foreign country) Spadola (Prov) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Vito Bertucci		13b. MOTHER'S MAIDEN NAME Marriea Rose Romano		14. NAME OF HUSBAND OR WIFE Mrs Mary C. Bertucci			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Mary C. Bertucci-Chicago, Ill			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH Instant ANTECEDENT CAUSES Arterio Sclerosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS- <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> none					
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 8-15, 1954, to 8-21, 1954, that I last saw the deceased alive on 8-21, 1954, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John H. Schmidt, M.D.		23b. ADDRESS Excelsior Springs Mo.		23c. DATE SIGNED 8/21/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/21/54		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery		24d. LOCATION (City, town, or county) (State) Cook County Ill.	
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DATE REC'D BY LOCAL REG. 8/21/54		REGISTRAR'S SIGNATURE Baroline Hutchings		25. FUNERAL DIRECTOR'S SIGNATURE HOPE FUNERAL HOME		ADDRESS Excelsior Spgs Missouri	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 31 1958

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
Student Embalmer

Signed James A. Moberg
Licensed Embalmer No. 3296

P. O. Address Excelsior Springs M

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.