

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 42916
Registrar's No. 10450

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 42916		Registrar's No. 10450							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Montgomery</u>											
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis, Mo.</u>			c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Nokomis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>301 No. Cedar St. 8120 8</u>											
3. NAME OF DECEASED (Type or Print) <u>Paul</u>			a. (First) _____		b. (Middle) <u>MAN</u>		c. (Last) <u>Vighi</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16, 1954</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 24, 1887</u>		9. AGE (in years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>20</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Coal Miner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mining</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Italy 5</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						
13a. FATHER'S NAME <u>Natalia Vighi</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia Samoggia</u>			14. NAME OF HUSBAND OR WIFE <u>Litizia Samoggia</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>361-05-8190A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E.E. Davis</u> ADDRESS <u>Nokomis, Ill.</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, asthenia, etc. It means the disease, injury, or complication which caused death.										MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>										<u>24 hrs.</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u>										<u>2 yrs.</u>					
DUE TO (c) _____															
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.															
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" 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) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>4341</u>									
22. I hereby certify that I attended the deceased from <u>Nov. 15, 1954</u> , to <u>Nov. 16, 1954</u> , that I last saw the deceased alive on <u>Nov. 16, 1954</u> , and that death occurred at <u>12:10 P.M.</u> from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) <u>William Lewis M.D.</u>						23b. ADDRESS <u>BARNES HOSPITAL</u>			23c. DATE SIGNED <u>11/16/54</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>18 Nov. 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nokomis</u>			24d. LOCATION (City, town, or county) (State) <u>Nokomis Ill.</u>								
DATE REC'D BY LOCAL REG. <u>NOV 17 1954</u>		REGISTRAR'S SIGNATURE <u>J. Charles Smith MD</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis, Nokomis, Illinois</u>									

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

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..... *Ronald O Yahnke*
Licensed Embalmer No. *326*

P. O. Address.....

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.