

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20115**

BIRTH NO. _____		REG. DIST. NO. 385		PRIMARY REG. DIST. NO. 3039		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN MARCELINE)		c. LENGTH OF STAY (In this place) 62 YRS		c. CITY (If outside corporate limits, write RURAL and give township: MARCELINE 0581)		d. STREET ADDRESS (If rural, give location) EAST KATE ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION EAST KATE ST.				d. STREET ADDRESS (If rural, give location) EAST KATE ST.			
3. NAME OF DECEASED (Type or Print) a. (First) MARK		b. (Middle) _____		c. (Last) CHIOHERIO		4. DATE OF DEATH (Month) (Day) (Year) 9-24-55	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 12-10-1864	
9. AGE (In years last birthday) 90		10. KIND OF BUSINESS OR INDUSTRY COAL MINER		11. BIRTHPLACE (City and State of Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER		10b. KIND OF BUSINESS OR INDUSTRY COAL		11. BIRTHPLACE (City and State of Foreign Country) Italy		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 MARILDA CHIOHERIO			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Augustine Florie, Marceline, Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Incident to age 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.				INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				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) (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 12-10-1949 to 9-23-1955 , that I last saw the deceased alive on 9-23-1955 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE W. C. Enoch (Degree or title)				23b. ADDRESS Brookfield, Mo		23c. DATE SIGNED 9-26-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/26/55		24c. NAME OF CEMETERY OR CREMATORY St. Killard		24d. LOCATION (City, town, or county) (State) Marceline, Mo	
DATE REC'D BY LOCAL REG. 9-26-55		REGISTRAR'S SIGNATURE Mary G. Ordway		25. FUNERAL DIRECTOR'S SIGNATURE M. Laughlin		ADDRESS Marceline, Mo	

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Signed George H. Trammell
Student Embalmer No. _____

Licensed Embalmer No. 4425

P. O. Address Marion, Mo

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.