

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34519

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 318

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Liberty Twp.		c. CITY OR TOWN Crystal City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 206 Pine Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION		0501	

3. NAME OF DECEASED (Type or Print) a. (First) Vincent	b. (Middle) A.	c. (Last) Marino	4. DATE OF DEATH (Month) (Day) (Year) November 4, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8/22/37	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 12	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) U S Air Force	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Crystal City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Antonio Marino	13b. MOTHER'S MAIDEN NAME Girolana Gucciardo	14. NAME OF HUSBAND OR WIFE Never married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes present Air Force	16. SOCIAL SECURITY NO. 490-40-3035	17. INFORMANT'S SIGNATURE OR NAME Antonio Marino	ADDRESS Crystal City, Missouri
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture and Multiple Injuries		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery disease: as a result of an automobile accident in which he was driving 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., farm, factory, street, office bldg., etc.) Public Highway	21c. (CITY, TOWN, OR TOWNSHIP) Liberty (COUNTY) St. Francois (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 4, 1955 11:10 P. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? automobile which decedent was driving overturned
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Bert Miller (Degree or title) Coroner	23b. ADDRESS Farmington, Mo	23c. DATE SIGNED 11/5/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/5/55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Belleville, Illinois.
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DATE REC'D BY LOCAL REG. Nov. 5 1955	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Renner-Gemmin ADDRESS Belleville, Illinois.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Paul H. [unclear]*

Licensed Embalmer No. *412*

P. O. Address *Farmington*

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.