

FILED APR 9 - 1956

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2008 Registor's No. 318

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give-TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		d. STREET ADDRESS <b>846 S. MISSOURI</b>	
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>J.</b> Last <b>MAZZOCHINI</b>		4. DATE OF DEATH Month <b>APRIL</b> Day <b>2</b> Year <b>1956</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 13 1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHIEF ENGINEER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ST. JOHN'S HOSP.</b>	11. BIRTHPLACE (City and state or country) <b>ZURICK, SWITZERLAND</b>
13. FATHER'S NAME <b>FRANK MAZZOCHINI</b>		14. MOTHER'S MAIDEN NAME <b>SOPHIE DILLER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>YES W.W. # 1</b>		16. SOCIAL SECURITY NO. <b>491-03-2786</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sub Phrenic - Abscess</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 WEEK</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Carcinoma Stomach</b>	
		DUE TO (c) <b>Total Gastrectomy</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Feb 20 - 56</b> to <b>April 3 - 56</b> and last saw him alive on <b>April 3 - 56</b> Death occurred at <b>6 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>George Lagboon M.D.</b>		22b. ADDRESS <b>609 Cherry St - Springfield</b>	
		22c. DATE SIGNED <b>4-4-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>4/5/56</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>ST. MARY'S CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>	
24. FUNERAL DIRECTOR <b>H. H. LOHMEYER</b>		25. DATE RECD. BY LOCAL REG. <b>MO. 4-3-56</b>	
ADDRESS <b>SPRINGFIELD, MO.</b>		26. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health,  
Welfare  
Public  
Service300  
1-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 28 1956

APR 24 1956

MAY 11 1956

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 *Levin L. Bradley*

Licensed Embalmer No. *248*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.