

No. 30
10. 48

STANDARD CERTIFICATE OF DEATH

State File No. 27995

FILED SEP 14 1956

REG. DIST. NO. 305904 PRIMARY REG. DIST. NO. 4452 Registrar's No. 32

BIRTH NO. _____

1. PLACE OF DEATH
a. COUNTY **St. Charles**

b. CITY (If outside corporate limits, write RURAL and give township) **Wentzville** c. LENGTH OF STAY (In this place) **1 hour**

c. CITY (If outside corporate limits, write RURAL and give township) **Rural (Dardenne)** 0920

d. FULL NAME OF HOSPITAL OR INSTITUTION **Sixth Street** d. STREET ADDRESS (If rural, give location) **2 miles south west of Dardenne, Mo.**

3. NAME OF DECEASED (Type or Print) a. (First) **Joseph** b. (Middle) **Frederick** c. (Last) **Duello** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 8 1956**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married** 8. DATE OF BIRTH **Oct. 10, 1889** 9. AGE (In years last birthday) **66** if UNDER 1 YEAR **10** if UNDER 2 HRS. **28** Month Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Own Farm** 11. BIRTHPLACE (City and State or Foreign Country) **St. Charles Co. Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Conrad Duello** 13b. MOTHER'S MAIDEN NAME **Elizabeth Huff** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY **486-44-6386** 17. INFORMANT'S SIGNATURE OR NAME **George Duello** ADDRESS **Wentzville, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **MYOCARDIAL INFARCTION** INTERVAL BETWEEN ONSET AND DEATH **2 HOURS**

ANTECEDENT CAUSES DUE TO (b) **CORONARY OCCLUSION** **2 HRS**

DUE TO (c) **ARTERIOSCLEROSIS**

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **OLD CEREBRAL THROMBOSIS** **10 YRS**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO **4201**

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **8-1 1956**, to **9-8 1956**, that I last saw the deceased alive on **9-5 1956**, and that death occurred at **9 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Louis P. Hettler M.D.** 23b. ADDRESS **370 E. wood, tray, mo** 23c. DATE SIGNED **9/19/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Sept. 11, 1956** 24c. NAME OF CEMETERY OR CREMATORY **St. Patricks Cemetery** 24d. LOCATION (City, town, or county) (State) **Wentzville Mo.**

DATE REC'D BY LOCAL REG. **Sept. 10 1956** REGISTRAR'S SIGNATURE **Marion G. Poff** 25. FUNERAL DIRECTOR'S SIGNATURE **Marion Muschney** ADDRESS **Wentzville, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

40

026: 0 1 1007

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 Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.