

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1956

State File No. **31239**

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY OR TOWN Lexington	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) 48 years		(If rural, give location) STREET ADDRESS 821 Franklin Street 05420	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) TERESA b. (Middle) GIORZA c. (Last) OLIARO			4. DATE OF DEATH (Month) (Day) (Year) October 1 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 18, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 2 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) France	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joseph Giorza		13b. MOTHER'S MAIDEN NAME Caroline Giorza		14. NAME OF HUSBAND OR WIFE Natale Oliaro	
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 NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Natale Oliaro Lexington, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 12 mos
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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.		Severe hypertension		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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)		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 **Sept**, 1955, to **Sept**, 1956, that I last saw the deceased alive on **Sept. 1**, 1956, and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ben H. Brasler M.D.		23b. ADDRESS Lexington, Mo.		23c. DATE SIGNED 10-10-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 4 '56		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery Lexington, Missouri	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. 10-12-56		REGISTRAR'S SIGNATURE Wm. E. Eastburn		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Tempel Lexington, Mo.	
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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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Norman W. Peterson*.....

Licensed Embalmer No...4889

P. O. Address *Lehigh, Pa.*

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.