THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37840
STATE FILE NUMBER

FILED NOV 19 1956

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's — Length of stay in 1b 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Iron
c. CITY OR TOWN Rural- Liberty Twp. — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) 10 mi. So. of Ironton — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Samuel Middle: "Sam" Last: Fresta

4. DATE OF DEATH Month: Nov. Day: 13 Year: 1956

5. SEX male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED X
8. DATE OF BIRTH Aug 10, 1884
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. 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 Farming
11. BIRTHPLACE (City and state or country) Italy
12. CITIZEN OF WHAT COUNTRY? Nil

13. FATHER'S NAME Dominic Fresta
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-18-9043A
17. INFORMANT Joseph Urzi, Address 5354 Southwest, StLoui

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4222
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11-1-56, to 11-13-56 and last saw alive on 11-13-56
Death occurred at 10 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] MD (Degree or title)
22b. ADDRESS Ironton Mo
22c. DATE SIGNED 11-14-56

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 11/17/56
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR White Funeral Home ADDRESS Ironton, Mo. [illegible] White
25. DATE RECD. BY LOCAL REG. 11-14-56
26. REGISTRAR'S SIGNATURE Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Ancil J. White.....

Licensed Embalmer No. 3012

P. O. Address Ironton,

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.