

Health, Welfare and Public Service

300 1-56

All diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. No standard nomenclature in item 18. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Canella

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **42155**
 472

FILED JAN 10 1957

Registration District No. **209** Primary Registration District No. **3043** Registrar's No. **472**

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 4219 McMasters	
3. NAME OF DECEASED (Type or print) Joseph Francis Dindia			First	Middle	Last	4. DATE OF DEATH 12-29-56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12/31/55		9. AGE (In years last birthday) 11	IF UNDER 1 YEAR Months 11 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hannibal, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Dindia				14. MOTHER'S MAIDEN NAME Helen Cawthon			
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.		17. INFORMANT Joseph Dindia, 4219 McMasters		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Upper respiratory infection and infectious diarrhea Conditions, if any, which gave rise to above cause (a): stating the underlying cause last. DUE TO (b) mongolism DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 3 days since birth
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 type="checkbox"/> NO <input checked="" 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 Dec. 26, 1956 to Dec. 29, 1956 and last saw her/him alive on Dec. 29, 1956 . Death occurred at 1:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Dr. Canella</i> (Type or print) M. D.				22b. ADDRESS 707 Bdwy, Hannibal, Missouri		22c. DATE SIGNED 1-4-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12/31/56	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) (State) Hannibal, Mo.			
24. FUNERAL DIRECTOR <i>H M O'Donnell</i> Hannibal, Mo.			25. DATE RECD. BY LOCAL REG. 1/4/57		26. REGISTRAR'S SIGNATURE <i>Edm Lucke By H C Fisher</i>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 8 1957
MARION CO. HEALTH DEPT.
DATE FILED JAN 8 1957

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..... *H M O'Connell*

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

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.