3706

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Boone	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Hallsville 0100 — Inside Limits Yes ☒ No ☐ X
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rector Nursing Home — Length of stay in 1b 4 Mo.	d. STREET ADDRESS Route 1 (If outside, give location) — Reside on Farm Yes ☐ X No ☐

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3. NAME OF DECEASED (Type or print) First EDMUND Middle AUGUST Last MOROTINI			4. DATE OF DEATH Month Day Year Feb. 20, 1957
5. SEX Male	6. COLOR OR RACE White 0	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ 1 DIVORCED ☐	8. DATE OF BIRTH June 27, 1870
9. AGE (In years last birthday) 86	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) Retired Printer	10b. KIND OF BUSINESS OR INDUSTRY Retired Printer	11. BIRTHPLACE (City and state or country) Germany 4	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jacob Morotini		14. MOTHER'S MAIDEN NAME Doretta Tegtmeier	
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. —	17. INFORMANT Address Mrs. Herbert L. Erhard, Route 6, Columbia Mo.	

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) Acute Dilatation of Heart — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Occlusion — 3 mo.

DUE TO (c) Chronic Myocarditis — 5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

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 Nov 1956, to Feb 20 1957 and last saw ~~him~~ him alive on Feb 20 '57

Death occurred at 6 00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Earl D. Dietrich M.D. (Degree or title)	22b. ADDRESS Prof. Bldg. Columbia Mo	22c. DATE SIGNED Feb 22 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 22, 1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Columbia, Missouri.
24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.	25. DATE RECD. BY LOCAL REG. Feb 22 1957	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 -56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1-0

JAN 18 1957
JUN 7 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Roger James.....

Licensed Embalmer No. 501

P. O. Address Columbia

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.