

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16657

FILED MAY 22 1957

STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 271

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SULLIVAN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>SULLIVAN 0366</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.R.T.</u>		Length of stay in 1b <u>10 YRS.</u>	d. STREET ADDRESS <u>R.R.T.</u> (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>AMOROSE</u> Middle <u>VASSALLI</u> Last <u>VASSALLI</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>18</u> Year <u>1957</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 18, 1897</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TINNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHEET METAL</u>		11. BIRTHPLACE (City and state or country) <u>ANACONDA, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>POMPY VASSALLI</u>			14. MOTHER'S MAIDEN NAME <u>ELIZABETH COLLINS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>494-08-6879</u>		17. INFORMANT Address <u>ALPHA VASSALLI, SULLIVAN, MO.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>		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 _____ 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 <u>June 1950</u> to <u>5/18/57</u> and last saw ^{her} / _{him} alive on <u>5/17/57</u> Death occurred at <u>5</u> m on the date stated above and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>John J. de la Torre</u>	22b. ADDRESS <u>Sullivan, Mo</u>	22c. DATE SIGNED <u>5/20/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAY 22, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. MEMORIAL CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>
24. FUNERAL DIRECTOR <u>Haleator Sullivan, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5/17/57</u>	26. REGISTRAR'S SIGNATURE <u>Thomas A. Humphrey</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
S. 300 V. 1-56
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.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J. A. Humphrey*.....

Licensed Embalmer No. *477*

P. O. *Sullivan*

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.