

pt. Health,
, & Welfare
S. Public
alth Service

Dr. Clarke

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44108
STATE FILE NUMBER
1205

FILED DEC 23 1957

Registration District No. 122 Primary Registration District No. 2000 Registrar's No. 1205

S. 300
ev. 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield 0379		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hosp.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 819 Boonville		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First VICTOR Middle SPINETTO Last SPINETTO			4. DATE OF DEATH Month Dec. Day 16 Year 1957		
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 Nov. 1882	9. AGE (In years last birthday) 75	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) Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocer & Fruit Dealer		11. BIRTHPLACE (City and state or country) Italy	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Spinetto		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, NO unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ?	17. INFORMANT Andy Rebori Address Springfield, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock					INTERVAL BETWEEN ONSET AND DEATH 14 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 1. Cerebral concussion and skull fract.					14 hours
DUE TO (c) 2. Cerebral laceration due to stabbing					14 hours
DUE TO (c) 3. Multiple lacerations of neck, larynx, & trachea.					14 hours
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 checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Unknown assailant.		
20c. TIME OF INJURY Hour 11:45 a.m. Month, Day, Year 12-15-57					
20d. INJURY OCCURRED WHILE AT <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 12-15-57 to 12-16-57 and last saw ^{him} live on 12-16-57 Death occurred at 3:24 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Michael Delonke M.D.</i>			22b. ADDRESS 1636 S. Glenstone Springfield 4, Missouri		22c. DATE SIGNED 12-17-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/18/57	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) (State) Springfield, Mo.
24. FUNERAL DIRECTOR H.H. Lohmeyer		ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 12-18-57	26. REGISTRAR'S SIGNATURE <i>Edith Williamson</i>

(Licensed Embalmer's Statement on Reverse Side)

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 *HA Mc Cann*

Licensed Embalmer No. *2727*

P. O. Address *Springfield Mo*

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.