

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018789

STATE FILE NUMBER

FILED MAY 21 1958

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 70

300  
-57

508

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JEFFERSON</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFF.</b>                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>CRYSTAL CITY</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>CRYSTAL CITY</b> 0506<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>HY. 61 &amp; 12TH</b>  |                                  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br><b>HY, 61 &amp; 12TH. ST.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>CHAROLETTE LA PRESTA</b>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>MAY 6 1958</b>   |
| 5. SEX<br><b>FEMALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>AUG. 19, 1878</b>  |
| 9. AGE (In years last birthday)<br><b>79</b>   |                                  | 10. FUNDING YEAR<br>Months Days Hours Min.  | 11. IF UNDER 24 HRS.  |
| 10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired)<br><b>HOUSEWIFE</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>OWN HOME</b>  | 11. BIRTHPLACE (City and state or country)<br><b>ITALY</b>  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |                                  | 13. FATHER'S NAME<br><b>BEN CHOPPA</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>UNKNOWN</b>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>-----</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>(no)</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>NONE</b>  | 17. INFORMANT<br><b>ROSE VALT</b> Address<br><b>CRYSTAL CITY, MO.</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebrovascular sclerosis</b><br>DUE TO (b) <b>Generalized arteriosclerosis</b><br>DUE TO (c) <b>334X</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Emphysema of rt. leg. (Peripheral art. sclerosis)</b> |                                  |   | 19. INTERVAL BETWEEN ONSET AND DEATH<br><b>334X</b>   |
| 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<br>Hour Month, Day, Year<br>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 <b>Apr 29, 58 9:55 p.m.</b> on <b>May 6, 58</b> and last saw her alive on <b>May 6, 58</b><br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |
| 22a. SIGNATURE<br><b>Bertina Bulmy</b> (Degree or title)   |                                  | 22b. ADDRESS<br><b>Fetho, Mo</b>  | 22c. DATE SIGNED<br><b>5/8/58</b>   |
| 23a. BURIAL, CREMATION, OR OTHER FINAL DISPOSITION (Specify)<br><b>BURIAL</b>  | 23b. DATE<br><b>MAY 10, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>CATHOLIC</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>CRYSTAL CITY, MO.</b>   |
| 24. FUNERAL DIRECTOR<br><b>GENTRY R. POLITTE</b> ADDRESS<br><b>CRYSTAL CITY,</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>5-8-58</b>   | 26. REGISTRAR'S SIGNATURE<br><b>John G. Kipon</b>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 12 1958

ATTEST

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 *Paul R. Tolitt*

Licensed Embalmer No. *348*  
P. O. Address *Capital*

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.