

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028082

STATE FILE NUMBER

FILED AUG 18 1958

Registration District No. 1

Primary Registration District No. 5000

Registrar's No. 255

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Yarrow R. F. D. #1 Benton</b>		c. CITY OR TOWN <b>Yarrow</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL or home		d. STREET ADDRESS (If outside, give location) <b>R. F. D. #1, Benton Twp.</b>	

3. NAME OF DECEASED (Type or print) First <b>Sarafino</b> Middle <b>J.</b> Last <b>Vacca</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>6,</b> Year <b>1958</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 9, 1874</b>	9. AGE (In years (birthdays) <b>83</b> )	IF UNDER 1 YEAR Months <b>5</b> Days <b>5</b>	IF UNDER 24 HRS. Hours <b>5</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal Miner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Miner</b>	11. BIRTHPLACE (City and state or country) <b>Sancolobano, Italy</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>James Vacca</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie Brozone</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) <b>X</b>	16. SOCIAL SECURITY NO. <b>490-10-7546 A</b>	17. INFORMANT <b>Mrs. Joe Baiotto, Yarrow, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arterio-sclerotic heart disease</b>	<b>3 years.</b>
	DUE TO (c) <b>Generalized arterio-sclerosis</b>	<b>10 years.</b>
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.) <b>4200</b>
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20c. TIME OF INJURY Hour <b>4:00</b> Month <b>5</b> Day <b>1947</b> Year <b>1947</b> a.m. p.m.	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 <b>Kirksville, Mo.</b>	COUNTY <b>Adair</b>	STATE <b>Mo.</b>
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21. I attended the deceased from Death occurred at <b>4:00 A.M., January 5, 1947</b> , to <b>August 6, 1958</b> and last saw him alive on <b>August 4, 1958</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>Howard C. Gross, D.O.</b>	22b. ADDRESS <b>Kirksville, Mo.</b>	22c. DATE SIGNED <b>8-8-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/8/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Novinger Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Novinger, Mo.</b>
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24. FUNERAL DIRECTOR <b>Paul M. [Signature]</b>	ADDRESS <b>Kirksville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-9-1958</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. [Signature]</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

350

AUG 19 1958

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 *George W. Davolt*

Licensed Embalmer No. *4799*

P. O. Address *Kirksville, Md*

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.