

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037458

STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 390 Primary Registration District No. 4442 Registrar's No.

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Higbee Mo		c. CITY OR TOWN Higbee Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		d. STREET ADDRESS (If outside, give location) 088	
3. NAME OF DECEASED (Type or print) First Guglima (John) Middle Zambile Last Zambile		4. DATE OF DEATH Month Oct Day 28 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 3 1888
9a. AGE (In years last birthday) 70		9b. IF UNDER 1 YEAR Months 5 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Italy		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Rafaele Zambelli		13b. MOTHER'S MAIDEN NAME Dont Know	
14. NAME OF HUSBAND OR WIFE Lena Zambelli		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 486-18-7262		17. INFORMANT Mrs Lena Zambelli Address Higbee 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) Acute Circulatory Failure			INTERVAL BETWEEN ONSET AND DEATH 20 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis & Myocardial Infarction 6 hrs			
DUE TO (c) Arteriosclerosis 4201			
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.)	
20c. TIME OF INJURY Hour 11:05 PM Month, Day, Year 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 5-20-58 to 10-28-58 and last saw him alive on 10-29-58 Death occurred at 11:05 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Per J. Brodin son MD. (Degree or title)		22b. ADDRESS Higbee Mo	
22c. DATE SIGNED 10-29-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 31 1958	23c. NAME OF CEMETERY OR CREMATORY St Mary, e	23d. LOCATION (City, town, or county) (State) Moberly Mo
24. FUNERAL DIRECTOR Burton Funeral Home, Higbee Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 10-29-1958	26. REGISTRAR'S SIGNATURE JOE W Burton.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

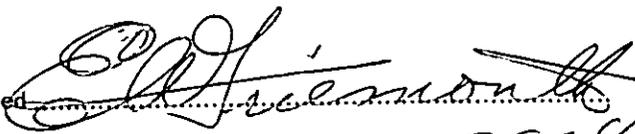
All diseases in Part I must be causally related.

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1-57

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 
Licensed Embalmer No. 3978
P. O. Address Glasgow, N.

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.