

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040706

STATE FILE NUMBER

113

FILED DEC 8 1958

Registration District No. 200 Primary Registration District No. 5719

Registrar's No.

S. 300
V. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <i>MACON</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>MACON</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bevier Twp.</i>		c. CITY OR TOWN <i>Bevier</i> 0610	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <i>RR # 2</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>FRANK D. Chiarottino</i>			4. DATE OF DEATH Month Day Year <i>11-24-58</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-14-22</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>FARMER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	9. AGE (In years last birthday) <i>37</i>
11. BIRTHPLACE (City and state or country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>John Chiarottino</i>		13b. MOTHER'S MAIDEN NAME <i>Theresa Ronchetto</i>	
14. NAME OF HUSBAND OR WIFE <i>-</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>-</i>	
16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>May Chiarottino</i> Address <i>Bevier Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Cardiac Failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Chronic Myocarditis</i> DUE TO (c) <i>Arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
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 <i>1954 -</i> to <i>11-24-58</i> and last saw ^{her} him alive on <i>11-24-58</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Frank H. Coffin, D.D. 2</i>		22b. ADDRESS <i>106 1/2 Vine, Macon</i>	
22c. DATE SIGNED <i>11-29-58</i>		23a. BURIAL, CREMATION, EMOVAL (Specify)	
23b. DATE <i>11-28</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Charles</i>	
23d. LOCATION (City, town, or county) (State) <i>Bevier Mo</i>		24. FUNERAL DIRECTOR ADDRESS <i>Sts. Edwards Bevier Mo</i>	
25. DATE RECD. BY LOCAL REG. <i>11/29/58</i>		26. REGISTRAR'S SIGNATURE <i>Ruth McNeely</i>	

Date Filed 12-5-58

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 *H. S. Edwards*

Licensed Embalmer No. *1961*
P. O. Address *Berlin, 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.