

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

79-000069
STATE FILE NUMBER

FILED JAN 9 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 1

300
1-57

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Southmor		Length of stay in 1b Years	d. STREET ADDRESS (If outside, give location) 2 Southmor		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Anthony Last Badaracco			4. DATE OF DEATH Month Jan. Day 1 Year 1959		
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 May 11, 1910	9. AGE (In years last birthday) 48	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) Owner Retail Store		10b. KIND OF BUSINESS OR INDUSTRY Appliance	11. BIRTHPLACE (City and state or country) Macon, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Anthony Badaracco		13b. MOTHER'S MAIDEN NAME Agnes Jergensen		14. NAME OF HUSBAND OR WIFE Lois Badaracco	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and date of service) no		16. SOCIAL SECURITY NO. 491-24-1492	17. INFORMANT Mrs. Lois Badaracco Mexico, Mo. Address 2 Southmor		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					
DUE TO (c) _____					
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.) 4201		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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		COUNTY STATE
21. I attended the deceased from 10-20-47 to 1-1-59 and last saw him alive on 1/1/59 Death occurred at 1 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. L. Garcia M.D. (Degree or title)			22b. ADDRESS Mexico Mo		22c. DATE SIGNED 1-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-3-1959	23c. NAME OF CEMETERY OR CREMATORY St. Brendans Catholic		23d. LOCATION (City, town, or county) (State) Mexico, Missouri
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.		25. DATE RECD. BY LOCAL REG. Jan 2-1959		26. REGISTRAR'S SIGNATURE Blanche Neely	

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
C. L. Garcia M.D. used BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1959 AUG 5

VS APR 2 1959

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 *Rep Miller*

Licensed Embalmer No. *4492*

P. O. Address *M. Pico*

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.