Health,
Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000323
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hosp. — Length of stay in Ib 50 Yrs	d. STREET ADDRESS (If outside, give location) 1011 South 11th — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First CAROLINE Middle L. Last NEGOZIO

4. DATE OF DEATH: Month January Day 21 Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Mar. 25, 1880

9. AGE (In years last birthday): 78 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Not Known

13b. MOTHER'S MAIDEN NAME: Not Known

14. NAME OF HUSBAND OR WIFE: Charles Negozio

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Bettina Henman Address: St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) c Acute Cardiac Decompensation

DUE TO (c) Arterial Hypertension — 1953

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2.

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE 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 Jan. 17, 59, to Jan. 21, 59 and last saw her/him alive on Jan. 21, 59
Death occurred at 5:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J F Chairottino (Degree or title) MD

22b. ADDRESS Doctors Bldg. St. Joseph, Mo

22c. DATE SIGNED 1-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan. 23, 59

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

24. FUNERAL DIRECTOR H. O. Sidenfaden & Son RKY — ADDRESS St Joseph, Mo

25. DATE RECD. BY LOCAL REG. Jan 22, 1959

26. REGISTRAR'S SIGNATURE Mrs Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. F. Chairottino
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

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 Robert L. Yaple

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.