

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013834

STATE FILE NUMBER

43

FILED MAY 11 1959

Registration District No. 162 Primary Registration District No. 5595 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK TOWNSHIP		c. CITY OR TOWN NEAR BARNHART	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NEAR BARNHART MO		d. STREET ADDRESS (If outside, give location) BARNHART ROUTE ONE	
Length of stay in lb 2 YRS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last MARGARET ROSE BIAGIOLI			4. DATE OF DEATH APR. 27 1959		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 22, 1957	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2 Days 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) KIRKWOOD MO	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME DOMINIC P. BIAGIOLI	13b. MOTHER'S MAIDEN NAME MARY MATERNOWSKI	14. NAME OF HUSBAND OR WIFE SINGLE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address DOMINIC BIAGIOLI BARNHART MO
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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) Third degree BURNS - 100%		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 9160	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 16		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input checked="" 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.) Residential Fire
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20c. TIME OF INJURY 10:45 a.m. 4/27/59	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE ROCK Twp. JEFF. MO.
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21. I attended the deceased from CORNER'S VIEW and last saw her alive on Death occurred at 10:45 A.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) James A. Robert D.C. Coone. 3	22b. ADDRESS Festus Mo.	22c. DATE SIGNED 4/27/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR. 29 1959	23c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH CEMETERY	23d. LOCATION (City, town, or county) KIMMSWICK MO
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24. FUNERAL DIRECTOR HEILIGTAG	ADDRESS IMPERIAL MO	25. DATE RECD. BY LOCAL REG. 4-29-59	26. REGISTRAR'S SIGNATURE Robert A. Bauer
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DATE RECEIVED

MAY 20 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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Elmer Heiligtay

Licensed Embalmer No. 2571

P. O. Address Imperial

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.