

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022412

STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 102

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Massachusetts b. COUNTY Suffolk		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arlington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Boston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 Mi. E. Pulaski		Length of stay in lb Trans	d. STREET ADDRESS 59 Saratoga		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RONALD ITALINO			4. DATE OF DEATH Month Day Year June 18, 1959		
5. SEX Male	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 Jan. 11, 1944	9. AGE (In years last birthday) 15 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) Student		10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (City and state or country) East Boston, Mass.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Salvatore Italino		13b. MOTHER'S MAIDEN NAME Ida		14. NAME OF HUSBAND OR WIFE --	
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 James Lovetere Boston, Mass.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head and Internal lobes injuries DUE TO (b) Automobile accident DUE TO (c) Instant Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					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 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.) Car left highway on curve			
20c. TIME OF INJURY Hour a.m. Month, Day, Year 1245 p.m. 6-18-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. 166			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Arlington		COUNTY Phelps	STATE MO
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1245 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) S. L. M... Foreman			22b. ADDRESS Rolla, Mo	22c. DATE SIGNED 6-18-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-18-59	23c. NAME OF CEMETERY OR CREMATORY Boston, Mass		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Lee Johnson		ADDRESS Newburg, Mo	25. DATE RECD. BY LOCAL REG. 6/18/59		26. REGISTRAR'S SIGNATURE Madame L. Stoll

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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Date Filed June 23, 1959

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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 Lee Johnson

Licensed Embalmer No. 3292

P. O. Address Newberg, N.J.

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.